

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

**General**

**Common Present on Admission Diagnosis**

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

**Elective Outpatient, Observation, or Admission**

- Elective outpatient procedure: Discharge following routine recovery** Frequency: Continuous Phase of Care: PACU & Post-op Priority: Routine
- Outpatient observation services under general supervision** Frequency: Once Phase of Care: PACU & Post-op Priority: Routine

**Question(s):**

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

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

**Outpatient in a bed - extended recovery** Frequency: Once Phase of Care: PACU & Post-op Priority: Routine

**Question(s):**

Admitting Physician:

Bed request comments:

**Admit to Inpatient** Frequency: Once Ordering Quantity: 1 Phase of Care: PACU & Post-op Priority: Routine

**Question(s):**

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

**Admission or Observation**

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

**Admit to Inpatient** Frequency: Once Ordering Quantity: 1 Phase of Care: PACU & Post-op 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 Phase of Care: PACU & Post-op Priority: Routine

**Question(s):**

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

**Outpatient in a bed - extended recovery** Frequency: Once Phase of Care: PACU & Post-op Priority: Routine

**Question(s):**

Admitting Physician:

Bed request comments:

**Transfer patient** Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

**Question(s):**

Level of Care:

Bed request comments:

**Return to previous bed** Frequency: Until discontinued Phase of Care: Scheduling/ADT Priority: Routine

**Admission**

**Patient has active status order on file**

**Admit to inpatient** Frequency: Once Ordering Quantity: 1 Phase of Care: PACU & Post-op 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.

**Transfer patient** Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

**Question(s):**

Level of Care:

Bed request comments:

**Return to previous bed** Frequency: Until discontinued Phase of Care: Scheduling/ADT Priority: Routine

**Transfer**

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

**Transfer patient** Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

**Question(s):**

Level of Care:

Bed request comments:

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

**Return to previous bed Frequency:** Until discontinued **Phase of Care:** Scheduling/ADT **Priority:** Routine

**Code Status**

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

**Code Status**

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

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

**Question(s):**

Code Status decision reached by:

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

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

**Question(s):**

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

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

Does patient have decision-making capacity?

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

Code Status decision reached by:

**Consult to Palliative Care Service**

**Consult to Palliative Care Service Frequency:** Once **Priority:** Routine

**Question(s):**

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

**Process Instructions:**

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

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

**Question(s):**

Reason for Consult:

Reason for Consult?

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

**Question(s):**

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

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

Does patient have decision-making capacity?

Modified Code restrictions:

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

Code Status decision reached by:

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

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

Treatment Restrictions **Phase of Care:** Post-op **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 **Phase of Care:** Post-op **Priority:** Routine

**Droplet isolation status** Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

**Enteric isolation status** Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

**Precautions**

**Aspiration precautions** Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

**Fall precautions** Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

**Question(s):**

Increased observation level needed:

**Latex precautions** Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

**Seizure precautions** Frequency: Continuous **Phase of Care:** Post-op **Priority:** Routine

**Question(s):**

Increased observation level needed:

**Nursing**

**Vitals**

**Vital signs - T/P/R/BP** Frequency: Every 4 hours **Phase of Care:** Post-op **Priority:** Routine

**Activity**

**Activity as tolerated** Frequency: Until discontinued **Phase of Care:** Post-op **Priority:** Routine

**Question(s):**

Specify:  Activity as tolerated

**Dangle at bedside** Frequency: Once **Start Date:** S **Phase of Care:** Post-op **Priority:** Routine **Comments:** Sit at bedside this evening with assistance

**Ambulate** Frequency: Every shift **Start Date:** S+1 **Start Time:** 0001 **Phase of Care:** Post-op **Priority:** Routine **Comments:** Patient may ambulate sooner if requested.

**Question(s):**

Specify:

**Nursing**

Please place SCD's and Compression Stocking orders in VTE section

**Turn cough deep breathe** Frequency: Every 2 hours **Phase of Care:** Post-op **Priority:** Routine **Comments:** During the day and every 4 hours through the night

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

**Foley catheter care** Frequency: Until discontinued Phase of Care: Post-op Priority: Routine

**Question(s):**

Orders:  Maintain  to gravity

**Intake and output** Frequency: Every 8 hours Phase of Care: Post-op Priority: Routine Comments: record intake and output every 8 hours

**Daily weights** Frequency: Daily Phase of Care: Post-op Priority: Routine Comments: Weigh upon arrival

**Remove Foley catheter at 0600 AM the next day** Frequency: Once Frequency Limit: 1 Occurrences Start Date: S+1 Start Time: 0600 Phase of Care: Post-op Priority: Routine

**Ok to use central line** Frequency: Until discontinued Phase of Care: Post-op Priority: Routine

**Question(s):**

Device:  Central Line

**Ok to use dialysis access** Frequency: Until discontinued Phase of Care: Post-op Priority: Routine

**Question(s):**

Device:  Dialysis Access

**Epidural per Anesthesia protocol** Frequency: Until discontinued Phase of Care: Post-op Priority: Routine

**Notify**

**Notify urology** Frequency: Once Phase of Care: Post-op Priority: Routine Comments: Notify urology resident with all non-urgent questions (resident on-call can be found through Fondren 12)

**Notify Surgeon's office** Frequency: Until discontinued Phase of Care: Post-op Priority: Routine Comments: Surgeon's office upon patient arrival to unit and room number at phone # \*\*\*

**Notify Donor Advocate of patient arrival and location** Frequency: Once Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Comments: Please call surgeon with questions/updates.

**Diet**

**NPO - Except meds and ice chips** Frequency: Diet effective now Phase of Care: Post-op Priority: STAT Comments: Except ordered medications on admission, then ice chips for 4 hours. In morning give clear liquids. Advance as tolerated to regular diet. Except ordered medications on admission, then ice chips for 4 hours. In morning give clear liquids. Advance as tolerated to regular diet.

**Question(s):**

NPO:  Except meds  Except Ice chips

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 Phase of Care: Post-op 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 - Clear liquids advance to lowfat** Frequency: Diet effective now Phase of Care: Post-op Priority: Routine

**Question(s):**

Diet(s):  Clear Liquids

Advance Diet as Tolerated?  Yes

Target Diet: Lowfat

Advance target diet criteria: Lowfat diet for lunch if tolerating clears for breakfast POD 1

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

**IV Fluids**

**IV Fluids**

**electrolyte-A (PLASMA-LYTE A) infusion** Dose: 125 mL/hr Route: intravenous Frequency: continuous Phase of Care: Post-op

**Medications**

**Scheduled Pain medications**

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

**acetaminophen (TYLENOL) tablet** Dose: 1000 mg Route: oral Frequency: every 8 hours scheduled Frequency Limit: 3 Occurrences Start Time: 2000 Phase of Care: Post-op

**Question(s):**

Allowance for Patient Preference:

**ketorolac (TORADOL) injection** Dose: 15 mg Route: intravenous Frequency: every 8 hours scheduled Phase of Care: Post-op

**Question(s):**

Allowance for Patient Preference:

**gabapentin (NEURONTIN)** Dose: 100 mg Route: oral Frequency: 3 times daily Phase of Care: Post-op

**Mild Pain (Pain Score 1-3)**

**methocarbamol (ROBAXIN) tablet** Dose: 500 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op  
PRN Comment: Mild Pain (Pain Score 1-3)

**Moderate Pain (Pain Score 4-6)**

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

**Question(s):**

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

Allowance for Patient Preference:

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

**Question(s):**

Allowance for Patient Preference:

**Product Admin Instructions:**

Give if patient can receive oral tablet/capsule.

**traMADol (ULTRAM) tablet** Dose: 50 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

**Question(s):**

Allowance for Patient Preference:

**Product Admin Instructions:**

Give if patient can receive oral tablet/capsule.

**Severe Pain (Pain Score 7-10)**

**HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** Dose: 2 tablet Route: oral Frequency: every 4 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

**Question(s):**

Allowance for Patient Preference:

**Product Admin Instructions:**

Give if patient can receive oral tablet/capsule.

**oxyCODONE (ROXICODONE) immediate release tablet** Dose: 5 mg Route: oral Frequency: every 4 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

**Question(s):**

Allowance for Patient Preference:

**Product Admin Instructions:**

Give if patient can receive oral tablet/capsule.

**hydromorPHONE (DILAUDID) tablet** Dose: 2 mg Route: oral Frequency: every 4 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

**Question(s):**

Allowance for Patient Preference:

**Product Admin Instructions:**

Give if patient can receive oral tablet/capsule.

**hydromorPHONE (DILAUDID) injection** Dose: 0.25 mg Route: intravenous Frequency: every 3 hours PRN Frequency Limit: 3 Occurrences Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

**Antiemetics - HMM, HMSJ, HMW, HMSTC Only**

**ondansetron (ZOFTRAN) IV or Oral (Required)**

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

**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.

**scopolamine (TRANSDERM-SCOP) 1.5 mg patch (1 mg over 3 days)** Dose: 1 patch Route: transdermal Frequency: every 72 hours PRN Minimum Infusion Duration: 72.000 Hours PRN Comment: nausea

**Antiemetics - HMSL, HMWB, HMCY Only**

**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**

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

**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 - HMSTJ Only**

**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.

**Bowel Care**

**docusate sodium (COLACE) capsule** Dose: 100 mg Route: oral Frequency: 2 times daily Phase of Care: Post-op PRN

Reasons: constipation

**bisacodyl (DULCOLAX) EC tablet** Dose: 10 mg Route: oral Frequency: nightly Phase of Care: Post-op PRN Reasons:

constipation

**simethicone (MYLICON) chewable tablet** Dose: 80 mg Route: oral Frequency: 4 times daily PRN PRN Comment:

bloating

**Itching**

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

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

**Insomnia: For Patients GREATER than 70 years old**

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

**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

VTE

VTE Risk and Prophylaxis Tool (Required)

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

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

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

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

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

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

**Question(s):**

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

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

**Question(s):**

Side: Bilateral

Select Sleeve(s):

**LOW Risk of VTE (Required)**

**Low Risk (Required)**

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

**Question(s):**

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

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

**Moderate Risk (Required)**

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

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

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

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

**Question(s):**

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

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

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

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

**Question(s):**

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

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

**Question(s):**

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

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

**Patient renal status: @CRCL@**

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

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

**ENOXAPARIN 30 MG DAILY**

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

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

**ENOXAPARIN SQ DAILY**

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Phase of Care: PACU & Post-op

Admin Instructions:

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

**heparin**

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

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**warfarin (COUMADIN)**

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

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

Question(s):

Indication:

Dose Selection Guidance:

**Medications**

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

**Moderate Risk (Required)**

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

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

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

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

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

Question(s):

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

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

Question(s):

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

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

**Patient renal status: @CRCL@**

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

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.

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

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

**warfarin (COUMADIN)**

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

**Question(s):**

Indication:

Dose Selection Guidance:

**Medications**

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

Routine

**Question(s):**

Indication:

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

**Question(s):**

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

**Question(s):**

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

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

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

**High Risk (Required)**

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

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

- Contraindications exist for pharmacologic prophylaxis** **Frequency:** Once **Phase of Care:** PACU & Post-op **Priority:** Routine

**Question(s):**

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

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

**Patient renal status: @CRCL@**

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Phase of Care: PACU & Post-op

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

**warfarin (COUMADIN)**

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

**Question(s):**

Indication:

Dose Selection Guidance:

**Medications**

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

Routine

**Question(s):**

Indication:

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

**Question(s):**

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

**Question(s):**

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

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

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

**High Risk (Required)**

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

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

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

**Question(s):**

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)**

**Patient renal status: @CRCL@**

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

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

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

ENOXAPARIN 30 MG DAILY

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

**Question(s):**

Indication(s):

**Product Admin Instructions:**

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

ENOXAPARIN SQ DAILY

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

**Question(s):**

Indication(s):

**Product Admin Instructions:**

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

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

**Admin Instructions:**

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

heparin

**High Risk Bleeding Characteristics**

Age  $\geq$  75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**warfarin (COUMADIN)**

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

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

Question(s):

Indication:

Dose Selection Guidance:

**Medications**

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

**High Risk (Required)**

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

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

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

Question(s):

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

**aspirin chewable tablet** Dose: 162 mg Frequency: daily Start Date: S+1 Phase of Care: PACU & Post-op

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

**Apixaban and Pharmacy Consult (Required)**

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

Question(s):

Indications:  VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

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

**Patient renal status: @CRCL@**

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Phase of Care: PACU & Post-op

Admin Instructions:

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

heparin

**High Risk Bleeding Characteristics**

Age  $\geq$  75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

- HEParin (porcine) injection - Q12 Hours Dose:** 5000 Units **Frequency:** every 12 hours scheduled
- HEParin (porcine) injection - Q8 Hours Dose:** 5000 Units **Frequency:** every 8 hours scheduled
- Not high bleed risk**
- Wt > 100 kg Dose:** 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
- Wt LESS than or equal to 100 kg Dose:** 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
- Rivaroxaban and Pharmacy Consult (Required)**
- rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission Dose:** 10 mg **Frequency:** daily at 0600 (TIME CRITICAL)
- Question(s):**  
Indications:  VTE prophylaxis
- Admin Instructions:**  
For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
- Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Frequency:** Until discontinued **Priority:** STAT
- Question(s):**  
Indications: VTE prophylaxis
- warfarin (COUMADIN)**
- WITHOUT pharmacy consult Dose:** 1 **Route:** oral **Frequency:** daily at 1700
- Question(s):**  
Indication:  
Dose Selection Guidance:
- Medications**
- Pharmacy consult to manage warfarin (COUMADIN) Frequency:** Until discontinued **Priority:** Routine
- Question(s):**  
Indication:
- warfarin (COUMADIN) tablet Dose:** 1 **Route:** oral
- Question(s):**  
Indication:  
Dose Selection Guidance:
- Mechanical Prophylaxis (Required)**
- Contraindications exist for mechanical prophylaxis Frequency:** Once **Priority:** Routine
- Question(s):**  
No mechanical VTE prophylaxis due to the following contraindication(s):
- Place/Maintain sequential compression device continuous Frequency:** Continuous **Priority:** Routine
- Question(s):**  
Side: Bilateral  
Select Sleeve(s):

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

VTE Risk and Prophylaxis Tool

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

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

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

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

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

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

**Question(s):**

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

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

**Question(s):**

Side: Bilateral

Select Sleeve(s):

**LOW Risk of VTE (Required)**

**Low Risk (Required)**

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

**Question(s):**

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

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

**Moderate Risk (Required)**

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

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

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

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

**Question(s):**

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

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

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

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

**Question(s):**

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

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

**Question(s):**

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

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

**Patient renal status: @CRCL@**

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

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

**ENOXAPARIN 30 MG DAILY**

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

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

**ENOXAPARIN SQ DAILY**

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Phase of Care: PACU & Post-op

Admin Instructions:

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

**heparin**

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

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**warfarin (COUMADIN)**

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

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

Question(s):

Indication:

Dose Selection Guidance:

**Medications**

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

**Moderate Risk (Required)**

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

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

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

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

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

Question(s):

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

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

Question(s):

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

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

**Patient renal status: @CRCL@**

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

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.

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

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

**warfarin (COUMADIN)**

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

**Question(s):**

Indication:

Dose Selection Guidance:

**Medications**

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

Routine

**Question(s):**

Indication:

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

**Question(s):**

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

**Question(s):**

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

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

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

**High Risk (Required)**

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

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

- Contraindications exist for pharmacologic prophylaxis** **Frequency:** Once **Phase of Care:** PACU & Post-op **Priority:** Routine

**Question(s):**

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

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

**Patient renal status: @CRCL@**

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

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Phase of Care: PACU & Post-op

Admin Instructions:

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

heparin

**High Risk Bleeding Characteristics**

Age  $\geq$  75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

**warfarin (COUMADIN)**

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

**Question(s):**

Indication:

Dose Selection Guidance:

**Medications**

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

Routine

**Question(s):**

Indication:

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

**Question(s):**

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

**Question(s):**

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

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

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

**High Risk (Required)**

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

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

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

**Question(s):**

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)**

**Patient renal status: @CRCL@**

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

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

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

ENOXAPARIN 30 MG DAILY

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

**Question(s):**

Indication(s):

**Product Admin Instructions:**

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

ENOXAPARIN SQ DAILY

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

**Question(s):**

Indication(s):

**Product Admin Instructions:**

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

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

**Admin Instructions:**

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

heparin

**High Risk Bleeding Characteristics**

Age  $\geq$  75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**warfarin (COUMADIN)**

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

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

Question(s):

Indication:

Dose Selection Guidance:

**Medications**

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

**High Risk (Required)**

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

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

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

Question(s):

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

**aspirin chewable tablet** Dose: 162 mg Frequency: daily Start Date: S+1 Phase of Care: PACU & Post-op

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

**Apixaban and Pharmacy Consult (Required)**

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

Question(s):

Indications:  VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

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

**Patient renal status: @CRCL@**

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Phase of Care: PACU & Post-op

Admin Instructions:

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

heparin

**High Risk Bleeding Characteristics**

Age  $\geq$  75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

- HEParin (porcine) injection - Q12 Hours Dose:** 5000 Units **Frequency:** every 12 hours scheduled
- HEParin (porcine) injection - Q8 Hours Dose:** 5000 Units **Frequency:** every 8 hours scheduled
- Not high bleed risk**
- Wt > 100 kg Dose:** 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
- Wt LESS than or equal to 100 kg Dose:** 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
- Rivaroxaban and Pharmacy Consult (Required)**
- rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission Dose:** 10 mg **Frequency:** daily at 0600 (TIME CRITICAL)
- Question(s):**  
Indications:  VTE prophylaxis
- Admin Instructions:**  
For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
- Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Frequency:** Until discontinued **Priority:** STAT
- Question(s):**  
Indications: VTE prophylaxis
- warfarin (COUMADIN)**
- WITHOUT pharmacy consult Dose:** 1 **Route:** oral **Frequency:** daily at 1700
- Question(s):**  
Indication:  
Dose Selection Guidance:
- Medications**
- Pharmacy consult to manage warfarin (COUMADIN) Frequency:** Until discontinued **Priority:** Routine
- Question(s):**  
Indication:
- warfarin (COUMADIN) tablet Dose:** 1 **Route:** oral
- Question(s):**  
Indication:  
Dose Selection Guidance:
- Mechanical Prophylaxis (Required)**
- Contraindications exist for mechanical prophylaxis Frequency:** Once **Priority:** Routine
- Question(s):**  
No mechanical VTE prophylaxis due to the following contraindication(s):
- Place/Maintain sequential compression device continuous Frequency:** Continuous **Priority:** Routine
- Question(s):**  
Side: Bilateral  
Select Sleeve(s):

**Labs****Laboratory Timed**

- Hemoglobin and hematocrit Frequency:** STAT **Frequency Limit:** 1 Occurrences **Phase of Care:** PACU & Post-op **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Basic metabolic panel Frequency:** STAT **Frequency Limit:** 1 Occurrences **Phase of Care:** PACU & Post-op **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Hemoglobin and hematocrit Frequency:** STAT **Frequency Limit:** 1 Occurrences **Phase of Care:** PACU & Post-op **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** SPECIMEN TO BE DRAWN 4 HOURS POST-OP Please retain label for specimen. Note to PACU nurse: If patient is transferred prior to time of specimen collection, send label with patient and notify nurse on receiving unit of need for lab and to use the label sent with patient

**Laboratory POD 1**

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

**Basic metabolic panel** Frequency: AM draw Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**CBC with platelet and differential** Frequency: AM draw Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Laboratory POD 2**

**Basic metabolic panel** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+2 Start Time: 0400 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**CBC with platelet and differential** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+2 Start Time: 0400 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Hemoglobin and hematocrit** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+2 Start Time: 0400 Phase of Care: Post-op Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Imaging**

**Diagnostic X-Ray Stat**

**Chest 1 Vw Portable** Frequency: 1 time imaging Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: STAT Question(s):

Is the patient pregnant?

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

**Respiratory**

**Respiratory Therapy**

**Incentive spirometry instructions** Frequency: Once Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: Routine

Question(s):

Frequency of use:  10 times every hour

**Additional Orders**