

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

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

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.

Precautions

Aspiration precautions Frequency: Continuous Priority: Routine

Fall precautions Frequency: Continuous Priority: Routine

Question(s):

Increased observation level needed:

Latex precautions Frequency: Continuous Priority: Routine

Seizure precautions Frequency: Continuous Priority: Routine

Question(s):

Increased observation level needed:

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

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

- Contact isolation status** Frequency: Continuous Priority: Routine
- Droplet isolation status** Frequency: Continuous Priority: Routine
- Enteric isolation status** Frequency: Continuous Priority: Routine

Nursing**Vital Signs**

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

Activity

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

Question(s):Specify: Activity as tolerated**Nursing**

- Height and weight** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
- Patient can have Clear Liquids until 2 hours before surgery.** Frequency: Until discontinued Priority: Routine
- Confirm patient consumes carb loading beverage at the expected intervals before surgery** Frequency: Until discontinued Priority: Routine **Comments:** In the event the patient did not obtain/consume the carb loading beverage, please contact Living Donor Transplant Coordinator at 713-441.5456. Carb loading beverages should be consumed evening before surgery and morning of surgery at least two hours before surgery.
- Process Instructions:**

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

Notify

- Physician communication order** Frequency: Once Priority: Routine **Comments:** Surgeon's Office and Resident on call upon patient arrival to unit and room number

Diet

- Diet - Regular** Frequency: Diet effective now Priority: Routine

Question(s):Diet(s): Regular

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

- NPO** Frequency: Diet effective ____ Start Date: S+1 Priority: Routine

Question(s):NPO: Except meds Except Sips of clear liquids

Pre-Operative fasting options:

Process Instructions:

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

Consent

- Complete consent for living donor hepatectomy.** Frequency: Once Priority: Routine

Question(s):Procedure: Living Donor Hepatectomy

Diagnosis/Condition:

Physician:

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

IV Fluids**IV Fluids**

- dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** Dose: 10 mL/hr Route: intravenous Frequency: continuous

Medications**Antibiotics**

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

ertapenem (INVanz) IV Dose: 1 g **Route:** intravenous **Frequency:** on call to O.R. **Priority:** STAT

Question(s):

Indication: Surgical Prophylaxis

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

Product Admin Instructions:

ERTApem must not be mixed or Y-sited into any Dextrose-containing solutions. Flush IV line with Normal Saline before and after administration.

If penicillin allergic

ciprofloxacin (CIPRO) IV Dose: 400 mg **Route:** intravenous **Frequency:** on call to O.R. **Priority:** STAT

Question(s):

Indication: Surgical Prophylaxis

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

Admin Instructions:

Oncall to OR

Product Admin Instructions:

May cause QTc prolongation.

metronidazole (FLAGYL) Dose: 500 mg **Route:** intravenous **Frequency:** on call to O.R. **Priority:** STAT

Question(s):

Indication: Surgical Prophylaxis

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

IV Vancomycin - Medical/Surgical Prophylaxis

Medical Prophylaxis - 24 hours Dose: 15 mg/kg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 24 Hours **Priority:** STAT

Question(s):

Indication: Medical Prophylaxis

Medical Prophylaxis: The maximum duration of therapy that can be entered at this time is 56 days. Order can be renewed if required at that time.

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

Admin Instructions:

Pharmacy to automatically adjust frequency to q24h for CrCl < 45ml/min

Medical Prophylaxis - 72 hours Dose: 15 mg/kg **Route:** intravenous **Frequency:** every 12 hours **Frequency Limit:** 72 Hours **Priority:** STAT

Question(s):

Indication: Medical Prophylaxis

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

Admin Instructions:

Pharmacy to automatically adjust frequency to q24h for CrCl < 45ml/min

Vancomycin IV

Patient Weight	Vancomycin Dose
<80 kg	1 g
80-100 kg	1.5 g
>100 kg	2 g

*Maximum pre-op dose 2 g

Weight < 80 kg

Weight < 80 kg Dose: 1 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT

Question(s):

Indication: Surgical Prophylaxis

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

Admin Instructions:

Administer within 120 minutes of incision; On Call to OR

Weight 80-100 kg

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

Weight 80-100 kg Dose: 1.5 g Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

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

Admin Instructions:

Administer within 120 minutes of incision; On Call to OR

Weight >100 KG

Weight 80-100 kg Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1

Occurrences Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

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

Admin Instructions:

Administer within 120 minutes of incision; On Call to OR

Post-Operative Surgical Prophylaxis - 1 Dose Dose: 15 mg/kg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Post-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration

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

Admin Instructions:

Pharmacy to automatically adjust dose based on pre-operative administration and renal function

Post-Operative Surgical Prophylaxis - 24 hours Dose: 15 mg/kg Route: intravenous Frequency: every 12 hours Frequency Limit: 24 Hours Phase of Care: Post-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration

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

Admin Instructions:

Pharmacy to automatically adjust dose based on pre-operative administration and renal function

gabapentin (NEURONTIN)

gabapentin (NEURONTIN) capsule 300 mg Dose: 300 mg Route: oral Frequency: on call to O.R.

Admin Instructions:

Give 1 hour prior to surgery

sodium chloride 0.9% bag for line care

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

Admin Instructions:

For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.

VTE

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

VTE Risk and Prophylaxis Tool (Required)

Low Risk Definition	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors	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 Pharmacological Prophylaxis - Non-Surgical Patient (Required)

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

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

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

Routine
Question(s):
Side: Bilateral
Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Priority: Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Surgical (Required)

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Non-Surgical (Required)

- High Risk (Required)**

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

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

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

Question(s):

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)**

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):
Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):
Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

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

Apixaban and Pharmacy Consult (Required)

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

Question(s):

Indications: VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

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

VTE Risk and Prophylaxis Tool

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

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

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

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

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

LOW Risk of VTE (Required)

Low Risk (Required)

Low risk of VTE Frequency: Once Priority: Routine

Question(s):

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

Moderate Risk of VTE - Surgical (Required)

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

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

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

Priority: Routine

Question(s):

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

Place sequential compression device

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

LOW Risk of VTE (Required)

Low Risk (Required)

Low risk of VTE Frequency: Once Priority: Routine

Question(s):

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

MODERATE Risk of VTE - Surgical (Required)

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics
Age \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:

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.

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

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

Labs**Laboratory**

- CBC with platelet and differential Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Comprehensive metabolic panel 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.

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

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

hCG quantitative, serum 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.):

Type and screen Frequency: Once Priority: Routine Specimen Type: Blood

COVID-19, influenza A&B, and RSV qualitative RT-PCR Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Comments: Notify Dr. Cheah if positive results.

Question(s):

Specimen Source:

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

Question(s):

Specimen Source: Urine

Specimen Site: Clean catch

Primary Ordering Comments:

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

HLA plasma storage Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Two purple top tubes should be collected, one ethylenediaminetetraacetic acid (EDTA) plasma or serum specimen for serologic assays and a separate EDTA plasma specimen for NAT. Each specimen should contain 2- 3mL of fluid if possible.

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders