

Location: _____

General

Common Present on Admission Diagnosis

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

Admission or Observation (Required)

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

Question(s):

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

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

Outpatient observation services under general supervision Frequency: Once Priority: Routine

Question(s):

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

Outpatient in a bed - extended recovery Frequency: Once Priority: Routine

Question(s):

Admitting Physician:
Bed request comments:

Admission or Observation

Patient has active status order on file

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

Question(s):

Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Outpatient observation services under general supervision Frequency: Once Priority: Routine

Question(s):

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

Outpatient in a bed - extended recovery Frequency: Once Priority: Routine

Question(s):

Admitting Physician:
Bed request comments:

Admission

Patient has active status order on file.

Admit to inpatient Frequency: Once Ordering Quantity: 1 Priority: Routine

Question(s):

Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Code Status

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

Code Status

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

Full code Frequency: Continuous Priority: Routine

Question(s):

Code Status decision reached by:

DNR (Do Not Resuscitate) (Required)

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

Question(s):

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

Consult to Palliative Care Service

Consult to Palliative Care Service Frequency: Once Priority: Routine

Question(s):

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Process Instructions:

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

Consult to Social Work Frequency: Once Priority: Routine

Question(s):

Reason for Consult:

Reason for Consult?

Modified Code Frequency: Continuous Priority: Routine

Question(s):

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

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

Does patient have decision-making capacity?

Modified Code restrictions:

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

Code Status decision reached by:

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

Question(s):

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

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

Process Instructions:

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

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

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

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

Isolation

Airborne isolation status

Airborne isolation status Frequency: Continuous Priority: Routine

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

Contact isolation status Frequency: Continuous Priority: Routine

Droplet isolation status Frequency: Continuous Priority: Routine

Enteric isolation status Frequency: Continuous Priority: Routine

Precautions

Aspiration precautions Frequency: Continuous Priority: Routine

Fall precautions Frequency: Continuous Priority: Routine

Question(s):

Increased observation level needed:

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

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

Question(s):

Increased observation level needed:

Nursing

Vital Signs

- Vital signs - T/P/R/BP** Frequency: Every 4 hours **Start Date:** S **Priority:** Routine

- Telemetry**

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

Question(s):

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

Reason for telemetry:

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

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

Question(s):

High Heart Rate (BPM): 130.000

Low Heart Rate(BPM): 50.000

High PVC's (per minute): 10.000

Activity

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

Question(s):

Bathroom Privileges:

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

Question(s):

Specify: Activity as tolerated

- Ambulate** Frequency: 3 times daily **Priority:** Routine

Question(s):

Specify:

- Head of bed** Frequency: Until discontinued **Priority:** Routine **Comments:** As aspiration precaution.

Question(s):

Head of bed: 30 degrees

- Must be up for meals** Frequency: Until discontinued **Priority:** Routine **Comments:** Sit upright for 30 minutes after each meal.

- Activity (specify)** Frequency: Until discontinued **Priority:** Routine **Comments:** For meals.

Question(s):

Specify: Out of bed

Nursing

- Weigh patient** Frequency: Once **Frequency Limit:** 1 Occurrences **Priority:** Routine **Comments:** Upon arrival

- Daily weights** Frequency: Daily **Start Date:** S+1 **Priority:** Routine

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

Notify

Notify Physician for vitals: Frequency: Until discontinued **Priority:** STAT **Comments:** Contact Pulmonary Transplant Service/Page 713-441-2215 upon patient arrival to floor, and for any questions. Page 713-441-2215 if shortness of breath, critical labs, vomiting, GI bleed, cardiac arrhythmias, or chest pain.

Question(s):

Temperature greater than: 100.1 100.5

Systolic BP greater than: 160

Systolic BP less than: 90

Diastolic BP greater than: 110 100

Diastolic BP less than: 40 50

MAP less than: 60 60.000

Heart rate greater than (BPM): 120 100

Heart rate less than (BPM): 50 60

Respiratory rate greater than: 25

Respiratory rate less than: 8

SpO2 less than: 88 92

Temperature less than:

Contact research coordinator if pt is enrolled in research study Frequency: Until discontinued **Priority:** Routine

Diet

For TPN, please use [General Adult Total Parenteral Nutrition order set](#).

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

Question(s):

Diet(s): Post Transplant

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

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

Question(s):

Diet(s):

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 now **Start Date:** S **Priority:** Routine

Question(s):

NPO: Except meds

Pre-Operative fasting options:

Process Instructions:

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

Tube feeding - Continuous Frequency: Continuous **Priority:** Routine

Question(s):

Tube Feeding Schedule: Continuous

Tube Feeding Schedule: Continuous

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Dietitian to manage Tube Feed?

Sign: _____ **Printed Name:** _____

Date/Time: _____

Oral supplements Priority: Routine

Question(s):

Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:
Can/Bottle Supplements:

Free water Frequency: Until discontinued Priority: Routine

Question(s):

Free water amount:
Site:

No carbonated beverages Frequency: Until discontinued Priority: Routine

Graft Dysfunction Orders

Case request operating room Frequency: Once Priority: Routine

Question(s):

Requested time:
Special needs:
Add on case?
Clinical trial?
Case Classification:
PAT Needs?
Pre-op diagnosis:
CPT Codes:
ERAS?

Complete consent for Frequency: Once Priority: Routine

Question(s):

Procedure: o Bronchoscopy , biopsy, dilation, stent and lavage
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?

Spirometry Frequency: Once Priority: Routine

Question(s):

RT to follow protocol for changes to requested PFT orders?

Six minute walk w/ pulse oximetry Frequency: Once Priority: Routine

Question(s):

Purpose:
RT to follow protocol for changes to requested PFT orders?

HLA transplant evaluation Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

{HM IP HLATE Options:28670}

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

Primary Ordering Comments:

Collect 1 Red Top tube (6 mL)

{HLAA Post Options:29256}

IV Fluids

IV Fluids

sodium chloride 0.9 % bolus Dose: 1000 mL Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Minimum Infusion Duration: 60.000 Minutes

sodium chloride 0.9 % infusion Dose: 75 mL/hr Route: intravenous Frequency: continuous

dextrose 5%-0.9% sodium chloride infusion Dose: 75 mL/hr Route: intravenous Frequency: continuous

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

- sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion** Dose: 75 mL/hr Route: intravenous
Frequency: continuous
- lactated ringer's infusion** Dose: 75 mL/hr Route: intravenous Frequency: continuous

Medications

Restricted Medications

- No ketorolac (Toradol)** Frequency: Until discontinued Priority: STAT
Question(s):
Reason for "No" order:
- No NSAIDs EXcluding aspirin** Frequency: Until discontinued Priority: STAT
Question(s):
Reason for "No" order:

Steroids

- predniSONE (DELTASONE) tablet** Dose: 1 Route: oral Frequency: daily
Product Admin Instructions:
Give with food or snacks.
- methyIPREDNISolone (Solu-MEDROL) IV** Route: intravenous Frequency: daily
Admin Instructions:
If given by IV Push, administer over no less than 3 minutes.
- hydrocortisone sodium succinate (Solu-CORTEF) injection** Dose: 100 Route: intravenous Frequency: every 6 hours

Pneumocystis Prophylaxis

- sulfamethoxazole-trimethoprim (BACTRIM DS) Options**
- sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg tablet** Dose: 800-160 Frequency: user specified
Question(s):
Indication: Medical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
- sulfamethoxazole-trimethoprim (BACTRIM) 200-40 mg/5 mL suspension** Dose: 200-40 Frequency: user specified
Question(s):
Indication: Medical Prophylaxis
- dapsone tablet** Dose: 100 mg Route: oral Frequency: daily
Question(s):
Indication:
- atovaquone (MEPRON) suspension** Dose: 1500 mg Route: oral Frequency: every 24 hours
Admin Instructions:
Shake gently before administration.

Anti-Viral Prophylaxis

- ganciclovir (CYTOVENE) Options**
- ganciclovir (CYTOVENE) IV plus sodium chloride 0.9% bag for line care**
- ganciclovir (CYTOVENE) IVPB**
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
- sodium chloride 0.9 % bag for line care** Dose: .9 Frequency: PRN Minimum Infusion Rate: 100.000 mL/hr
PRN Reasons: line care
Admin Instructions:
For Ganciclovir line care: program sodium chloride bag to run as the same rate as medication. Allow at least 30 minutes post infusion to account for line-flushing.
- ganciclovir (CYTOVENE) IV plus sodium chloride 0.9% bag for line care**
- ganciclovir (CYTOVENE) IVPB**
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

sodium chloride 0.9 % bag for line care Dose: .9 Frequency: PRN Minimum Infusion Rate: 100.000 mL/hr
PRN Reasons: line care
Admin Instructions:
For Ganciclovir line care: program sodium chloride bag to run as the same rate as medication. Allow at least 30 minutes post infusion to account for line-flushing.

ganciclovir (CYTOVENE) IV plus sodium chloride 0.9% bag for line care

ganciclovir (CYTOVENE) IVPB

Question(s):

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

sodium chloride 0.9 % bag for line care Dose: .9 Frequency: PRN Minimum Infusion Rate: 100.000 mL/hr
PRN Reasons: line care
Admin Instructions:
For Ganciclovir line care: program sodium chloride bag to run as the same rate as medication. Allow at least 30 minutes post infusion to account for line-flushing.

ganciclovir (CYTOVENE) IV plus sodium chloride 0.9% bag for line care

ganciclovir (CYTOVENE) IVPB

Question(s):

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

sodium chloride 0.9 % bag for line care Dose: .9 Frequency: PRN Minimum Infusion Rate: 100.000 mL/hr
PRN Reasons: line care
Admin Instructions:
For Ganciclovir line care: program sodium chloride bag to run as the same rate as medication. Allow at least 30 minutes post infusion to account for line-flushing.

ganciclovir (CYTOVENE) IV plus sodium chloride 0.9% bag for line care

ganciclovir (CYTOVENE) IVPB

Question(s):

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

sodium chloride 0.9 % bag for line care Dose: .9 Frequency: PRN Minimum Infusion Rate: 100.000 mL/hr
PRN Reasons: line care
Admin Instructions:
For Ganciclovir line care: program sodium chloride bag to run as the same rate as medication. Allow at least 30 minutes post infusion to account for line-flushing.

acyclovir (ZOVIRAX) Dose: 5 mg/kg **Route:** intravenous **Frequency:** every 8 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.:
Indication:

acyclovir (ZOVIRAX) oral Dose: 200 mg **Route:** oral **Frequency:** 2 times daily

Question(s):

Indication: Medical Prophylaxis

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

valACYclovir (VALTREX) tablet Dose: 500 **Route:** oral **Frequency:** 2 times daily

Question(s):

Indication: Medical Prophylaxis

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

valGANciclovir (VALCYTE) tablet Dose: 450 mg **Route:** oral **Frequency:** 2 times daily

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:

Administer with food.

Product Admin Instructions:

Do not crush. Administer with food.

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

- valGANCiclovir (VALCYTE) tablet** Dose: 450 mg Route: oral Frequency: user specified

Question(s):

Indication: o Medical Prophylaxis

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

Admin Instructions:

Administer with food.

Product Admin Instructions:

Do not crush. Administer with food.

- valGANCiclovir (VALCYTE) 50 mg/mL oral solution** Dose: 450 mg Route: oral Frequency: 2 times daily

Question(s):

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

Indication:

Fungal Prophylaxis

- nystatin (MYCOSTATIN) 100,000 unit/mL suspension** Dose: 5 mL Route: Swish & Swallow Frequency: 4 times daily

Question(s):

Indication:

Admin Instructions:

Shake suspension well before use

Product Admin Instructions:

Swish in mouth

- micafungin (MYCAMINE) 100 mg in sodium chloride 0.9 % 100 mL IVPB** Dose: 100 mg Route: intravenous Frequency: every 24 hours Priority: STAT Minimum Infusion Duration: 1.000 Hours

Question(s):

RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one?

Indication:

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

inhalation

Admin Instructions:

For inhalation use only

- voriconazole (VFEND) in sodium chloride 0.9 % 100 mL IVPB** Dose: 200 mg Route: intravenous Frequency: every 12 hours Priority: STAT

Question(s):

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

Indication:

Product Admin Instructions:

May cause QTc prolongation.

- voriconazole (VFEND) tablet** Dose: 200 mg Route: oral Frequency: every 12 hours

Question(s):

Indication:

Admin Instructions:

Crush tablet to make suspension if patient is unable to swallow.

Product Admin Instructions:

May cause QTc prolongation.

- itraconazole (SPORANOX) Options**

- itraconazole (SPORANOX) 10 mg/mL solution** Dose: 200 mg Route: oral Frequency: 2 times daily at 0600, 1800

Question(s):

Indication:

Admin Instructions:

If medication is given per the enteral feeding tube, stop feeding 1 hour before and 2 hours after dose. Adjust enteral feeding rate accordingly.

Product Admin Instructions:

May cause QTc prolongation.

- itraconazole (SPORANOX) capsule** Dose: 200 mg Route: oral Frequency: 2 times daily with meals

Question(s):

Indication:

Admin Instructions:

If medication is given per the enteral feeding tube, stop feeding 1 hour before and 2 hours after dose. Adjust enteral feeding rate accordingly.

Product Admin Instructions:

May cause QTc prolongation. Swallow whole, do not chew or crush.

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

Antibiotics

Gram Negative

amikacin (AMIKIN) IV Route: intravenous **Priority:** STAT

Question(s):

Indication:

Admin Instructions:

Please send all cultures prior to starting antibiotic.

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

Question(s):

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

Indication:

Admin Instructions:

Please send all cultures prior to starting antibiotic.

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

Question(s):

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

Indication:

Admin Instructions:

Please send all cultures prior to starting antibiotic.

meropenem (MERREM) IV Route: intravenous **Frequency:** every 8 hours **Priority:** STAT

Question(s):

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

Indication:

Admin Instructions:

Please send all cultures prior to starting antibiotic.

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

Question(s):

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

Indication:

Admin Instructions:

Please send all cultures prior to starting antibiotic.

Anaerobic

clindamycin (CLEOCIN) IV or Oral

clindamycin (CLEOCIN) IV Priority: STAT

Question(s):

Indication:

clindamycin (CLEOCIN) capsule Dose: 150 **Frequency:** 4 times daily

Question(s):

Indication:

Admin Instructions:

Administer with a full glass of water to minimize esophageal ulcerations.

metroNIDAZOLE (FLAGYL) IV or Oral

metronidazole (FLAGYL) IV Priority: STAT

Question(s):

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

Indication:

metroNIDAZOLE (FLAGYL) tablet Dose: 250 **Frequency:** 3 times daily

Question(s):

Indication:

Admin Instructions:

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

Fluoroquinolones

ciprofloxacin (CIPRO) IV or Oral

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

ciprofloxacin (CIPRO) IV Priority: STAT

Question(s):

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

Indication:

Product Admin Instructions:

May cause QTc prolongation.

ciprofloxacin HCl (CIPRO) tablet Dose: 250 Route: oral Frequency: 2 times daily at 0600, 1600

Question(s):

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

Indication:

Admin Instructions:

Take 1 hour before or 2 hours after meals. Please send all cultures prior to starting antibiotic.

Product Admin Instructions:

If administering with tube feeds, mix with water to avoid interaction with tube feed.

levofloxacin (LEVAQUIN) IV or Oral

levofloxacin (LEVAQUIN) IV Route: intravenous Priority: STAT

Question(s):

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

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

Indication:

Admin Instructions:

Separate by 2 hours from any milk product, antacid or iron. May cause Q-T interval prolongation. Please send all cultures prior to starting antibiotic.

Product Admin Instructions:

May cause QTc prolongation.

levofloxacin (LEVAQUIN) tablet Dose: 250 Route: oral Frequency: daily at 0600

Question(s):

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

Indication:

Admin Instructions:

Separate by 2 hours from any milk product, antacid or iron. May cause Q-T interval prolongation. Please send all cultures prior to starting antibiotic.

Product Admin Instructions:

May cause QTc prolongation. Separate by 2 hours from any milk product, antacid, or iron.

MRSA Suspected

vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Required)

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

Question(s):

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

Indication:

Admin Instructions:

LOADING DOSE

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

Question(s):

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

Process Instructions:

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

linezolid (ZYVOX) IV or Oral

linezolid in dextrose 5% (ZYVOX) IVPB Dose: 600 mg Route: intravenous Frequency: every 12 hours Priority: STAT Minimum Infusion Duration: 60.000 Minutes

Question(s):

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

Indication:

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

linezolid (ZYVOX) tablet Dose: 600 mg Route: oral Frequency: 2 times daily
Question(s):
Indication:
Admin Instructions:
Tablet may be crushed if needed.

GI Prophylaxis

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

Question(s):
Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
Admin Instructions:
Do NOT Crush.

pantoprazole (PROTONIX) 40 mg IV Push Dose: 40 mg Route: intravenous Frequency: daily

Question(s):
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

famotidine (PEPCID) tablet Dose: 40 mg Route: oral Frequency: daily

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

Respiratory Medications

Respiratory Therapy

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

Question(s):
Aerosol Delivery Device:

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

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

Question(s):
Aerosol Delivery Device:

hypertonic sodium chloride nebulizer solution for inhalation

sodium chloride 3 % nebulizer solution Dose: 3 Route: nebulization Frequency: once

sodium chloride 7 % nebulizer solution Dose: 7 Route: nebulization Frequency: once

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

Question(s):
Aerosol Delivery Device:

ipratropium-albuterol (DUO-NEB) 0.5-2.5 mg/mL nebulizer solution Dose: .5-2.5 Route: nebulization Frequency: Respiratory Therapy - every 6 hours

Question(s):
Aerosol Delivery Device:

Inhaled Antibiotics/Antifungals

amikacin (AMIKIN) 125 mg in water for injection, sterile (PF) inhalation solution Route: inhalation

Admin Instructions:
For inhalation use only

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

Admin Instructions:
For inhalation use only

colisthimethate inhalation solution (RESTRICTED) Route: nebulization

Question(s):
RESTRICTED to Infectious Diseases (ID) and Pulmonology specialists. Are you an ID or Pulmonology specialist or ordering on behalf of one?

Indication:

Admin Instructions:
For Inhalation Use Only.

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

tobramycin inhalation solution Dose: 40 Route: inhalation Frequency: Respiratory Therapy - every 12 hours
Admin Instructions:
For inhalation use only

GI Motility

- metoclopramide (REGLAN) tablet** Dose: 10 Route: oral Frequency: 4 times daily before meals and nightly
- metoclopramide (REGLAN) injection** Dose: 5 Route: intravenous Frequency: every 6 hours

Question(s):

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

PRN Mild Pain (Pain Score 1-3)

(adjust dose for renal/liver function and age)

- acetaminophen (TYLENOL) tablet OR oral suspension**

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

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient able to take oral tablet medication.

Product Admin Instructions:

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

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

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

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

(adjust dose for renal/liver function and age)

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

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

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

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

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

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

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

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

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

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

If patient cannot swallow tablet.

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

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

HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution Dose: 15 mL Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

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

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

HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution Dose: 20 mL Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient can not swallow tablet.

traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours Dose: 50 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

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

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

PRN Oral for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (adjust dose for renal/liver function and age)

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

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

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

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

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

acetaminophen-codeine 300 mg-30 mg /12.5 mL solution Dose: 12.5 mL Route: oral Frequency: every 6 hours

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

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

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

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

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

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

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

If patient cannot swallow tablet.

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

Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

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

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

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

fentaNYL (SUBLIMAZE) injection Dose: 25 mcg Route: intravenous Frequency: every 2 hour PRN PRN Reasons:

moderate pain (score 4-6)

morPHINE injection Dose: 2 mg Route: intravenous Frequency: every 6 hours PRN PRN Reasons: moderate pain (score

4-6)

hydromorPHONE (DILAUDID) injection Dose: 0.5 mg Route: intravenous Frequency: every 6 hours PRN PRN Reasons:

moderate pain (score 4-6)

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

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

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

moderate pain (score 4-6)

morPHINE injection Dose: 1 mg Route: intravenous Frequency: every 6 hours PRN PRN Reasons: moderate pain (score

4-6)

hydromorPHONE (DILAUDID) injection Dose: 0.2 mg Route: intravenous Frequency: every 6 hours PRN PRN Reasons:

moderate pain (score 4-6)

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

(adjust dose for renal/liver function and age)

HYDROmorphine (DILAUDID) tablet Dose: 2 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

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

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

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

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

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

**PRN Oral for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old
(adjust dose for renal/liver function and age)**

HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours PRN PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

Question(s):

Allowance for Patient Preference:

HYDROmorphine (DILAUDID) tablet Dose: 2 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

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

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

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

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

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

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

HYDROmorphine (DILAUDID) injection Dose: 0.8 mg Route: intravenous Frequency: every 3 hours PRN PRN Reasons: severe pain (score 7-10)

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

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

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

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

HYDROmorphine (DILAUDID) injection Dose: 0.5 mg Route: intravenous Frequency: every 3 hours PRN PRN Reasons: severe pain (score 7-10)

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

Antiemetics

ondansetron (ZOFTRAN) IV or Oral (Required)

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

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

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

Admin Instructions:

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

Product Admin Instructions:

May cause QTc prolongation.

promethazine (PHENERGAN)

promethazine (PHENERGAN) 12.5 mg IV Dose: 12.5 mg Route: intravenous Frequency: every 6 hours PRN PRN
Reasons: nausea
vomiting

Admin Instructions:

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

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

Admin Instructions:

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

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

Admin Instructions:

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

promethazine (PHENERGAN) intraMUSCULAR injection Dose: 12.5 mg Route: intramuscular Frequency: every 6
hours PRN PRN
Reasons: nausea
vomiting

Admin Instructions:

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

Antiemetics

ondansetron (ZOFTRAN) IV or Oral (Required)

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

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

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

Admin Instructions:

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

Product Admin Instructions:

May cause QTc prolongation.

promethazine (PHENERGAN) IV or Oral or Rectal

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

Reasons: nausea
vomiting

Admin Instructions:

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

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

nausea
vomiting

Admin Instructions:

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

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

Reasons: nausea
vomiting

Admin Instructions:

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

Antiemetics

ondansetron (ZOFTRAN) IV or Oral (Required)

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

PRN Reasons: nausea
vomiting

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

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

Reasons: nausea
vomiting

Admin Instructions:

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

Product Admin Instructions:

May cause QTc prolongation.

promethazine (PHENERGAN) IVPB or Oral or Rectal

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

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

Admin Instructions:

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

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

nausea
vomiting

Admin Instructions:

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

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

Reasons: nausea
vomiting

Admin Instructions:

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

Bowel Care

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

Admin Instructions:

Do NOT exceed 16mg per 24 hours

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

Product Admin Instructions:

Mix in 4-8oz of water.

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

Itching: For Patients GREATER than 77 years old

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

cetirizine (ZyrTEC) tablet Dose: 5 mg Route: oral Frequency: daily PRN Phase of Care: Post-op PRN Reasons: itching
Itching: For Patients between 70-76 years old

cetirizine (ZyrTEC) tablet Dose: 5 mg Route: oral Frequency: daily PRN Phase of Care: Post-op PRN Reasons: itching
Itching: For Patients LESS than 70 years old

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

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

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

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

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

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

Insomnia: For Patients LESS than 70 years old

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

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

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

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

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**

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Priority: Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Surgical (Required)

High Risk (Required)

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

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

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

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

- 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)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

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

Apixaban and Pharmacy Consult (Required)

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

Question(s):

Indications: VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

VTE Risk and Prophylaxis Tool

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

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

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

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

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

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

LOW Risk of VTE (Required)

Low Risk (Required)

Low risk of VTE Frequency: Once Priority: Routine

Question(s):

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

Moderate Risk of VTE - Surgical (Required)

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

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

heparin

High Risk Bleeding Characteristics
Age ≥ 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

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

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

Question(s):

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

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

Question(s):

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

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

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

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:

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

Labs

- COVID-19 Qualitative PCR**
 - COVID-19 qualitative RT-PCR - Nasal Swab Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine
Question(s):
Specimen Source: Nasal Swab
Is this for pre-procedure or non-PUI assessment? Yes
Specimen Source:

Labs Today

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

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

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.

Comprehensive metabolic panel Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Amylase level Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Magnesium level Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Phosphorus level Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Lipase level Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Lactic acid level - ONE TIME ORDER ONLY Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Process Instructions:

SEPSIS PATIENTS:

FOR ALL SEPSIS OR SUSPECTED SEPSIS CHANGE FREQUENCY TO: NOW THEN EVERY 3 HOURS FOR 3 OCCURRENCES

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

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

Nicotine and Cotinine, LC/MS/MS Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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

Viral Studies

BK virus by PCR Frequency: Once Priority: Routine

Question(s):

Specimen Source: o Plasma

JC virus, quantitative PCR Frequency: Once Priority: Routine Maximum Quantity: 3

Question(s):

Specimen Source:

Cytomegalovirus, quantitative PCR Frequency: Once Priority: Routine

Question(s):

Specimen Source: o Plasma

Cytomegalovirus antigen Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

CMV Genotyping Frequency: Once Priority: Routine Maximum Quantity: 3 **Comments:** CMV Genotyping

Question(s):

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

Process Instructions:

Enter Miscellaneous Test Name in the Comments section.

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

Question(s):

Specimen Source: Plasma

Specimen Source:

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

Frequency: Once Priority: Routine

Question(s):

Specimen Source: o Plasma

Adenovirus by PCR Frequency: Once Priority: Routine Specimen Type: Plasma

Question(s):

Specimen Source: o Plasma

Adenovirus, quantitative real-time PCR Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

3

Primary Ordering Comments:

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

Human herpesvirus 6, quantitative PCR Frequency: Once Priority: Routine Maximum Quantity: 3

Question(s):

Specimen Source:

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

HHV-7 qPCR - Viracor Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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

HHV-8 qPCR - Viracor Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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

Anemia Labs

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

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

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

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

Create peripheral smear for ordering provider's review Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Total iron binding capacity, percent transferrin saturation, and iron level Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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

Reticulocyte count Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Anemia Labs

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

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

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

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

Total iron binding capacity, percent transferrin saturation, and iron level Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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

Reticulocyte count Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Microbiology

Blood culture, aerobic and anaerobic x 2

Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

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

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

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

Urinalysis screen and microscopy, with reflex to culture Frequency: Conditional Frequency Priority: STAT Specimen Type: Urine Comments: If temperature greater than 99 degrees Fahrenheit.

Question(s):

Specimen Source: Urine

Specimen Site:

Primary Ordering Comments:

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

Sputum culture Frequency: Conditional Frequency Priority: STAT Specimen Type: Sputum Comments: One activation if temperature greater than 99 degrees Fahrenheit.

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

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

Blood culture, aerobic and anaerobic x 2

Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

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

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

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

Laboratory Repeat Every Morning x 3

CBC with platelet and differential Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Prothrombin time with INR Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+1 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.

Basic metabolic panel Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Magnesium level Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Phosphorus level Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Cyclosporine level, trough Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Primary Ordering Comments:

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

Everolimus level, trough Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Primary Ordering Comments:

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

FK506 Tacrolimus level, trough Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Primary Ordering Comments:

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

Sirolimus level, trough Frequency: AM draw repeats Frequency Limit: 7 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
Primary Ordering Comments:

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

Lactic acid level - ONE TIME ORDER ONLY Frequency: AM draw repeats **Frequency Limit:** 3 Days **Start Date:** S+1
Priority: Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Process Instructions:
 SEPSIS PATIENTS:

FOR ALL SEPSIS OR SUSPECTED SEPSIS CHANGE FREQUENCY TO: NOW THEN EVERY 3 HOURS FOR 3 OCCURRENCES

Cardiology

Cardiology

ECG 12 lead Frequency: Once **Frequency Limit:** 1 Occurrences **Start Date:** S+2 **Start Time:** 0600 **Priority:** STAT
Maximum Quantity: 6 **Comments:** Upon arrival to the unit.

Question(s):

Clinical Indications: Post-Op Surgery

Interpreting Physician:

Cv echo 2d limited or follow up study Frequency: 1 time imaging **Priority:** Routine

Question(s):

Call back number for Critical Findings:

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

Process Instructions:

If this patient has had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report on the left. Please contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.

For STAT order, select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo attending can communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform the test as stat. Please note that nursing unit phone number or NP phone number do not meet this request'

Other Indications should be ordered for TODAY or Routine.

For Discharge or Observation patient, please choose TODAY as Priority.

Imaging

Diagnostics X-Ray

XR Chest 2 Vw Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

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

Question(s):

Is the patient pregnant?

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

XR Chest 1 Vw Portable Frequency: Daily imaging **Frequency Limit:** 3 Days **Priority:** Routine

Question(s):

Is the patient pregnant?

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

XR Chest 1 Vw Portable Frequency: Conditional Frequency **Priority:** STAT **Comments:** If patient temperature is greater than 99.9 degrees Fahrenheit.

Question(s):

Is the patient pregnant?

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

Diagnostics US

Us duplex venous lower extremity Frequency: 1 time imaging **Priority:** Routine

Question(s):

Laterality:

Us duplex venous upper extremity Frequency: 1 time imaging **Priority:** Routine

Question(s):

Laterality:

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

Us duplex arterial lower extremity Frequency: 1 time imaging Priority: Routine

Question(s):

Laterality:

Us duplex arterial upper extremity Frequency: 1 time imaging Priority: Routine

Question(s):

Laterality:

US Renal Frequency: 1 time imaging Priority: Routine

Question(s):

Is the Ultrasound on a native kidney?

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

US Abdomen Complete Frequency: 1 time imaging Priority: Routine

Question(s):

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

Process Instructions:

NPO 8 hours before exam.

US Chest Frequency: 1 time imaging Priority: Routine

Question(s):

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

CT

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

Question(s):

Protocol:

Is the patient pregnant?

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

Process Instructions:

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

Fasting for this test is not required.

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

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

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

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

CT Chest W Contrast Frequency: 1 time imaging Priority: Routine

Question(s):

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

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

Process Instructions:

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

Fasting for this test is not required.

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

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

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

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

CT Chest W Abdomen W Pelvis W Contrast (Omnipaque)

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

CT Chest W Contrast Abdomen W Contrast Pelvis W Contrast Frequency: 1 time imaging Priority: Routine

Question(s):

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam. Is the patient pregnant?

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

Process Instructions:

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

Fasting for this test is not required.

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

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

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

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

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution Dose: 300 Frequency: once

Admin Instructions:

FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

CT Chest WO Abdomen WO Pelvis WO Contrast (Omnipaque)

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

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

Question(s):

Is the patient pregnant?

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

Process Instructions:

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

Fasting for this test is not required.

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

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

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

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

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution Dose: 300 Frequency: once

Admin Instructions:

FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

CT Chest WO Abdomen WO Pelvis WO Contrast (Omnipaque)

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

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

Question(s):

Is the patient pregnant?

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

Process Instructions:

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

Fasting for this test is not required.

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

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

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

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

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution Dose: 300 Frequency: once

Admin Instructions:

FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

CT Chest WO Abdomen WO Pelvis WO Contrast (Readi-Cat)

Ordered as secondary option for those with iodine allergies.

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

Question(s):

Is the patient pregnant?

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

Process Instructions:

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

Fasting for this test is not required.

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

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

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

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

barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension Dose: 2 Frequency: once in imaging

Diagnostic Other

Modified Barium Swallow Panel with Speech Consult

Please do not **REMOVE** SLP eval and treat order from this panel. Speech therapy is **REQUIRED** for imaging for Barium Swallow.

Modified Barium Swallow Frequency: 1 time imaging Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

Is the patient pregnant?

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

SLP eval and treat Frequency: Once Priority: Routine Comments: MUST be ORDERED in tandem with Imaging order.

Question(s):

Reason for SLP? o Modified Barium Swallow

Reason(s) for consult (PLEASE avoid selecting all options and check only those which are applicable to the patient):

FL Esophagram Complete Frequency: 1 time imaging Priority: Routine

Question(s):

Is the patient pregnant?

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

FL Fluoroscopy Of Diaphragm 2 Vw Chest Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

NM Gastric Emptying Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

Decision Support Exception:

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

Process Instructions:

Observe standard radiation precautions if patient is taking radiating isotopes:

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

Other Studies

Respiratory

Respiratory Therapy

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

Question(s):

Initial Device: Nasal Cannula

Titrate FiO2 to keep O2 Sat Above: 92%

Device:

SpO2 Goal:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

Primary Ordering Comments:

@CERMSG(661071:25704)@

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

Question(s):

Frequency of use: Every hour

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

Chest physiotherapy Frequency: Every 4 hours **Priority:** Routine

Question(s):

Delivery method: Vest

Indications:

BIPAP for Obstruc Frequency: Once **Priority:** Routine

Question(s):

Instructions for As Directed:

Mode:

IPV - Frequency: Once **Priority:** Routine

Question(s):

Medications:

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults

Consult Psychiatry Frequency: Once **Priority:** Routine

Question(s):

Reason for Consult? Transplant patient

Patient Type:

Call back requested:

Was patient informed that a psychiatry consult is being requested:

Provider Group:

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Process Instructions:

Place a Psychiatry Consult order leaving the Provider dropdown blank and selecting HMH Psychiatry Consults under Provider Group.

ROUTINE Consults are seen the next business day.

Same Day Consults (Urgent Requests):

During normal business hours, send an EPIC Chat to HMH Psychiatry Consults noting that the consult is urgent.

After hours or on weekends, contact the physician on call through the EPIC On-Call Finder (HMH Psychiatry ED/On Call).

Consult Cardiology Frequency: Once **Priority:** Routine

Question(s):

Reason for Consult?

Provider Group:

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult Diabetes/Endocrinology Frequency: Once **Priority:** Routine

Question(s):

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult Infectious Diseases Frequency: Once **Priority:** Routine

Question(s):

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult Nephrology/Hyperten Frequency: Once **Priority:** Routine

Question(s):

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consults

Consult to Nutrition Services Frequency: Once **Priority:** Routine **Comments:** Registered Dietitian

Question(s):

Reason For Consult? Other (Specify)

Specify: Nutritional assessment

Purpose/Topic:

Reason for Consult?

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

Question(s):

Special Instructions: To evaluate and treat for muscle strengthening

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

Are there any restrictions for positioning or mobility?

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

Weight Bearing Status:

Reason for PT?

Process Instructions:

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

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

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

Question(s):

Organ Transplant: Lung

Reason for Consult?

Reason for Consult?

Pharmacy consult to manage dose adjustments for renal function Frequency: Until discontinued Priority: STAT

Question(s):

Adjust dose for:

Primary Ordering Comments:

Please assess for hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (CRRT) orders in addition to creatine clearance when making dose adjustments.

Music Therapy/Art therapy consult - eval & treat Frequency: Once Priority: Routine

Question(s):

Request Date: TODAY

Therapy Requested:

Please Indicate REASON FOR REFERRAL (check all that apply):

Additional Orders