

Location: _____

General

Case Request Kidney-Pancreas

Case request operating room Frequency: Once Phase of Care: Scheduling/ADT Priority: Routine

Question(s):

Requested time:

Special needs:

Add on case?

Clinical trial?

Case Classification:

PAT Needs?

Pre-op diagnosis:

CPT Codes:

ERAS?

Planned ICU Admission Post-Operatively (Admit to Inpatient Order)

Patients who are having an Inpatient Only Procedure as determined by CMS and patients with prior authorization for Inpatient Care may have an Admit to Inpatient order written pre-operatively.

Admit to Inpatient Frequency: Once Ordering Quantity: 1 Phase of Care: Pre-op Priority: Routine

Question(s):

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

Nursing

Vital Signs

Vital signs - T/P/R/BP Frequency: Per unit protocol Priority: Routine Comments: Upon arrival and record in EPIC

Activity

Activity (specify) Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine

Question(s):

Specify: Activity as tolerated

Nursing

Height and weight Frequency: Once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: Routine

Bedside glucose Frequency: Every 2 hours Phase of Care: Pre-op Priority: Routine Specimen Type: Blood Comments: Notify Transplant Surgeon if glucose is less than 80 mg/dl or if greater than 250 mg/dl

Nursing communication Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine Comments: Send methylprednisolone to operating room with patient to be administered by anesthesiologist.

Nursing communication Frequency: Until discontinued Phase of Care: Pre-op Priority: Routine Comments: Send preoperative antibiotics to operating room with patient to be administered by anesthesiologist.

Notify

Physician communication order Frequency: Once Priority: Routine Comments: Transplant Nephrologist of patient arrival and tentative time for surgery.

Physician communication order Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Comments: Endocrinologist (Dr. Sadhu or whoever is covering for her for the time being).

Diet

NPO Frequency: Diet effective now Priority: Routine Comments: except specific medications

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.

Consent

Complete consent for Frequency: Once **Priority:** Routine **Comments:** Deceased Donor Pancreas transplantation Donor to receive UNOS ID# _____. Please witness patient signature for the Organ Transplant Donor Status Disclosure Informed Consent form informed by transplant coordinator.

Question(s):

Procedure: Deceased Donor Pancreas transplantation

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?

Complete consent for Frequency: Once **Priority:** Routine **Comments:** Deceased Donor Kidney-Pancreas transplantation Donor to receive UNOS ID# _____. Please witness patient signature for the Organ Transplant Donor Status Disclosure Informed Consent form informed by transplant coordinator.

Question(s):

Procedure: Deceased Donor Kidney-Pancreas transplantation

Diagnosis/Condition:

Physician:

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

IV Fluids**IV Fluids**

dextrose 10 % infusion - For NPO Patients and glucose levels LESS than 150 mg/dL Dose: 40 mL/hr **Route:** intravenous **Frequency:** continuous PRN **Phase of Care:** Pre-op **PRN Comment:** For NPO Patients and glucose levels LESS than 150 mg/dL **PRN Reasons:** other

Admin Instructions:

Notify Transplant surgeon when starting D10W

PreOperative Medications**Restricted Medication**

No NSAIDs EXcluding aspirin Frequency: Until discontinued **Phase of Care:** Pre-op **Priority:** STAT

Question(s):

Reason for "No" order: transplant patient

On-Call to OR For Induction

antithymocyte globulin IVPB (THYMOGLOBULIN) plus Oral Premeds (acetaminophen, diphenhydramine) plus mycophenolate (CELLCEPT) Oral Dose

antithymocyte globulin (rabbit) (THYMOGLUBULIN) IVPB Dose: 1.5 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op

Admin Instructions:

Nurse to call Dunn 3 OR pharmacy at 1-2366 when patient arrives to OR. Pharmacy to dispense dose directly to OR for administration by Anesthesiologist. Pre-medication (acetaminophen and diphenhydramine) to be given on-call to the OR.

Product Admin Instructions:

Administer via 0.2 micron low protein binding filter into a CENTRAL line

acetaminophen (TYLENOL) tablet Dose: 650 mg **Route:** oral **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

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

diphenhydrAMINE (BENADRYL) tablet Dose: 25 mg **Route:** oral **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op

mycophenolate mofetil (CELLCEPT) capsule/tablet Dose: 1500 mg **Route:** oral **Frequency:** once **Frequency Limit:** 1 Occurrences **Phase of Care:** Pre-op

Admin Instructions:

HAZARDOUS - Handle with care.

Product Admin Instructions:

Give on empty stomach.

Intraoperative

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

methylPREDNISolone sodium succinate (Solu-MEDROL) injection Dose: 500 mg Route: intravenous Frequency: once
Frequency Limit: 1 Occurrences Phase of Care: Pre-op

Admin Instructions:

In Operating Room. Nurse to send medication to Operating Room - To be administered by Anesthesiologist - Administer over no less than 15 minutes.

PreOperative Antibiotics

PreOp Prophylactic Antibiotic: For Patients GREATER than 120 kg

cefazolin (ANCEF) IV - for patient GREATER than 120 kg Dose: 3 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

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

Admin Instructions:

Give 1 hour prior to skin incision

If Penicillin Allergic: clindamycin (CLEOCIN) IV plus aztreonam (AZACTAM) IV

clindamycin (CLEOCIN) IV Dose: 900 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Indication:

Admin Instructions:

Administer within in 30 minutes of incision.

aztreonam (AZACTAM) IV Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

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

Admin Instructions:

Administer within in 30 minutes of incision.

PreOp Prophylactic Antibiotic: For Patients LESS than or EQUAL to 120 kg

cefazolin (ANCEF) IV - for patient LESS than or EQUAL to 120 kg Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

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

Admin Instructions:

Give 1 hour prior to skin incision

If Penicillin Allergic: clindamycin (CLEOCIN) IV plus aztreonam (AZACTAM) IV

clindamycin (CLEOCIN) IV Dose: 900 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

Indication:

Admin Instructions:

Administer within in 30 minutes of incision.

aztreonam (AZACTAM) IV Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Phase of Care: Pre-op Priority: STAT

Question(s):

Indication: Surgical Prophylaxis

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

Admin Instructions:

Administer within in 30 minutes of incision.

VTE

DVT Risk and Prophylaxis Tool 1

1

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

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

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

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

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

Medications

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

Question(s):
Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):
Indication:
Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine
Question(s):

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

Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine
Question(s):

Side: Bilateral
Select Sleeve(s):

MODERATE Risk of VTE - Non-Surgical (Required)

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

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine
Question(s):

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

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

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

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine
Question(s):

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine
Question(s):

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Priority: Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Surgical (Required)

High Risk (Required)

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

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

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

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Non-Surgical (Required)

- High Risk (Required)**

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

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

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

Question(s):

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)**

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

High Risk (Required)

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

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

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

Question(s):

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

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

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

Apixaban and Pharmacy Consult (Required)

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

Question(s):

Indications: VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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
- Question(s):**
Indication:
- warfarin (COUMADIN) tablet Dose:** 1 **Route:** oral
- Question(s):**
Indication:
Dose Selection Guidance:
- Mechanical Prophylaxis (Required)**
- Contraindications exist for mechanical prophylaxis Frequency:** Once **Priority:** Routine
- Question(s):**
No mechanical VTE prophylaxis due to the following contraindication(s):
- Place/Maintain sequential compression device continuous Frequency:** Continuous **Priority:** Routine
- Question(s):**
Side: Bilateral
Select Sleeve(s):

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

VTE Risk and Prophylaxis Tool (Required)

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

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

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

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

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

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

LOW Risk of VTE (Required)

Low Risk (Required)

Low risk of VTE Frequency: Once Priority: Routine

Question(s):

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

MODERATE Risk of VTE - Surgical (Required)

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

enoxaparin (LOVENOX) injection Dose: 30 mg Route: subcutaneous Frequency: daily at 1700
Start Date: S+1
Question(s):
 Indication(s):
Product Admin Instructions:
 Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous **Start Date:** S+1
Question(s):
 Indication(s):
Product Admin Instructions:
 Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

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

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

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

Medications

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

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

MODERATE Risk of VTE - Non-Surgical (Required)

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

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Priority: Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Surgical (Required)

High Risk (Required)

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

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

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

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Non-Surgical (Required)

- High Risk (Required)**

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

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

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

Question(s):

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)**

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):
Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):
Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

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

Apixaban and Pharmacy Consult (Required)

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

Question(s):

Indications: VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

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

VTE Risk and Prophylaxis Tool

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

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

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

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

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

LOW Risk of VTE (Required)

Low Risk (Required)

Low risk of VTE Frequency: Once Priority: Routine

Question(s):

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

Moderate Risk of VTE - Surgical (Required)

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

enoxaparin (LOVENOX) injection Dose: 30 mg Route: subcutaneous Frequency: daily at 1700
Start Date: S+1
Question(s):
 Indication(s):
Product Admin Instructions:
 Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous **Start Date:** S+1
Question(s):
 Indication(s):
Product Admin Instructions:
 Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

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

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

heparin

High Risk Bleeding Characteristics
Age ≥ 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 (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

High Risk of VTE - Surgical (Required)

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

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

enoxaparin (LOVENOX) injection Dose: 30 mg Route: subcutaneous Frequency: daily at 1700
Start Date: S+1
Question(s):
 Indication(s):
Product Admin Instructions:
 Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous **Start Date:** S+1
Question(s):
 Indication(s):
Product Admin Instructions:
 Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

fondaparinux (ARIXTRA) injection Dose: 2.5 mg Route: subcutaneous Frequency: daily **Start Date:** S+1
Admin Instructions:
 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

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

Medications

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

Routine

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.

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

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

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.

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Non-Surgical (Required)

- High Risk (Required)**

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

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

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

Question(s):

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)**

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

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

Apixaban and Pharmacy Consult (Required)

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

Question(s):

Indications: VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

Labs **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:

Laboratory STAT Upon Arrival **CBC with platelet and differential** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comprehensive metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

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

Phosphorus level Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Magnesium level Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Partial thromboplastin time Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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

Prothrombin time with INR Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Urinalysis screen and microscopy, with reflex to culture Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Urine

Question(s):

Specimen Source: Urine

Specimen Site:

Primary Ordering Comments:

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

Cytomegalovirus, quantitative PCR Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood

Question(s):

Specimen Source: Plasma

BK virus by PCR Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

Specimen Source: Plasma

Cytomegalovirus Ab, IgG Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hemoglobin A1c Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

West Nile virus antibody IgG, serum Frequency: STAT Frequency Limit: 1 Occurrences 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.

West Nile virus antibody IgM, serum Frequency: STAT Frequency Limit: 1 Occurrences 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.

hCG qualitative, urine screen Frequency: Once Priority: STAT Specimen Type: Urine

Question(s):

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

HLA Testing

HLA antibody testing - pre transplant Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

Collect 1 Red Top tube (6 mL)

{HM IP HLAA LAB OPTIONS:28669}

HLA deceased donor Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood

Maximum Quantity: 3

Primary Ordering Comments:

Deceased Donor Crossmatch #1 - Recipient
Collect 5 Yellow Top (10ml); 2 Red Top (10ml)
HLA Allogeneic Crossmatch (XMHLA, PXMHL, PXMH2)
HLA Auto Crossmatch (AXMHL)
{Single Antigen Bead w/wo Dil:29123}
Perform C1q? {C1q (HC1Q):29520}

Donor OPTN (UNOS ID): ***

Increased Risk for Disease Transmission Donor/Serology Testing

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

Maximum Quantity: 3

Question(s):

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

HIV-1 RNA, qualitative TMA Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Hepatitis B surface antigen Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood

Maximum Quantity: 3

Hepatitis B surface antibody Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood

Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis B core antibody, total Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type:

Blood Maximum Quantity: 3

Hepatitis B virus (HBV), quantitative PCR Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

Hepatitis C Virus (HCV) Antibody With Reflex to PCR Frequency: Once Frequency Limit: 1 Occurrences Priority:

Routine Maximum Quantity: 3

Hepatitis C virus (HCV), quantitative PCR Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

Increased Risk for Disease Transmission Donor/Serology Testing

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

Maximum Quantity: 3

Question(s):

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

Human immunodeficiency virus 1 (HIV-1), quantitative PCR Frequency: Once Priority: Routine Specimen Type: Blood

Maximum Quantity: 3

Question(s):

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

Hepatitis B surface antigen Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood

Maximum Quantity: 3

Hepatitis B surface antibody Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood

Maximum Quantity: 3 Comments: Perform on HBV negative recipient

Hepatitis B core antibody, total Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type:

Blood Maximum Quantity: 3

Hepatitis B virus (HBV), quantitative PCR Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

Hepatitis C Virus (HCV) Antibody With Reflex to PCR Frequency: Once Frequency Limit: 1 Occurrences Priority:

Routine Maximum Quantity: 3

Hepatitis C virus (HCV), quantitative PCR Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

Specimen Type: Blood Maximum Quantity: 3

Blood Bank

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

Cardiology

Cardiology

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

ECG 12 lead Frequency: Once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Maximum Quantity:** 6 **Comments:** Upon arrival

Question(s):

Clinical Indications: Pre-Op Clearance

Interpreting Physician:

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

Priority: STAT **Comments:** Kidney Transplant pre-op clearance

Question(s):

Does this study require a chemo toxicity strain protocol?

Does this exam need a strain protocol?

Call back number for Critical Findings:

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

Process Instructions:

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

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

Other Indications should be ordered for TODAY or Routine.

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

Imaging

X-Ray

Chest 2 Vw Frequency: 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT **Comments:** On arrival

Question(s):

Is the patient pregnant?

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

Consults

For Physician Consult orders use sidebar

Physician Consults

Consult Endocrinology DOL Frequency: Once **Phase of Care:** Post-op **Priority:** Routine

Question(s):

Reason for Consult? Transplant Patient

Provider Group:

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Additional Orders