

Location: _____

General

Common Present on Admission Diagnosis

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

Admission or Observation (Required)

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

Question(s):

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

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

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

Question(s):

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

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

Question(s):

Admitting Physician:

Bed request comments:

Admission or Observation**Patient has active status order on file**

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

Question(s):

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

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

Question(s):

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

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

Question(s):

Admitting Physician:

Bed request comments:

Admission**Patient has active status order on file.**

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

Question(s):

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

Code Status

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

☒ **Code Status**

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

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

Question(s):

Code Status decision reached by:

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

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

Question(s):

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

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

Does patient have decision-making capacity?

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT

Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

☐ **Consult to Palliative Care Service**

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

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

Question(s):

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Process Instructions:

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

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

Question(s):

Reason for Consult:

Reason for Consult?

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

Question(s):

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

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

Does patient have decision-making capacity?

Modified Code restrictions:

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

Code Status decision reached by:

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

Treatment Restrictions Priority: Routine

Question(s):

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

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

Process Instructions:

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

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

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

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

Isolation

☐ **Airborne isolation status**

☒ **Airborne isolation status** Frequency: Continuous Priority: Routine

☐ **Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.**

Frequency: Once Priority: Routine

☐ **Contact isolation status** Frequency: Continuous Priority: Routine

☐ **Droplet isolation status** Frequency: Continuous Priority: Routine

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

Precautions

☐ **Aspiration precautions** Frequency: Continuous Priority: Routine

☐ **Fall precautions** Frequency: Continuous Priority: Routine

Question(s):

Increased observation level needed:

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

☐ **Latex precautions** Frequency: Continuous Priority: Routine

☐ **Seizure precautions** Frequency: Continuous Priority: Routine

Question(s):

Increased observation level needed:

Nursing

Vital Signs

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

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

Activity

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

Question(s):

Bathroom Privileges:

☐ **Up in chair** Frequency: Until discontinued Priority: Routine

Question(s):

Specify: ☐ Up ad lib ☐ Out of bed ☐ Up in chair

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

Question(s):

Specify:

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

Question(s):

Specify: ☐ Activity as tolerated

Diet

☐ **NPO** Frequency: Diet effective now Priority: Routine

Question(s):

NPO:

Pre-Operative fasting options:

Process Instructions:

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

☐ **NPO except meds** Frequency: Diet effective now Frequency Limit: 2 Hours Priority: Routine

Question(s):

NPO: ☐ Except meds

Pre-Operative fasting options:

Process Instructions:

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

☐ **Diet - Bariatric Clear Liquid** Frequency: Diet effective now Priority: Routine

Question(s):

Diet(s): ☐ Bariatric

Bariatric: Bariatric Clear Liquid

Foods to Avoid: ☐ Caffeine ☐ Anti-Reflux, No Gastric Irritants

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

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

☐ **Diet - Bariatric Full Liquids** Frequency: Diet effective now **Priority:** Routine

Question(s):Diet(s): ☐ Bariatric

Bariatric: Bariatric Full Liquid

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **Diet - Bariatric Soft** Frequency: Diet effective now **Priority:** Routine

Question(s):Diet(s): ☐ Bariatric

Bariatric: Bariatric Soft

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **Diet - Bariatric Low Fat Regular** Frequency: Diet effective now **Priority:** Routine

Question(s):Diet(s): ☐ Bariatric

Bariatric: Bariatric Low Fat Regular

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **Diet - Bariatric Pureed** Frequency: Diet effective now **Priority:** Routine

Question(s):Diet(s): ☐ Bariatric

Bariatric: Bariatric Pureed

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

IV Fluids**IV Fluids**

☐ **lactated ringers bolus** Route: intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences

☐ **lactated Ringer's infusion** Route: intravenous **Frequency:** continuous

☐ **dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** Dose: 20 **Route:** intravenous

Frequency: continuous

☐ **sodium chloride 0.9 % bolus** Dose: 0.9 **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences

☐ **sodium chloride 0.9 % infusion** Dose: .9 **Route:** intravenous **Frequency:** continuous

☐ **electrolyte-A (PLASMA-LYTE A) bolus** Route: intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences

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

☐ **mvi, adult 10 mL, thiamine 100 mg, folic acid 1 mg infusion** Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Question(s):

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

Banana Bag Infusion with optional Thiamine Supplementation

☐ **Banana Bag Infusion with optional Thiamine Supplementation** (Required)

Each Banana Bag contains 100 mg of Thiamine.

This quantity does not achieve adequate supplementation for many patients.

If clinically appropriate for your patient, please consider adding one of the Thiamine therapies below for supplementation.

☒ **Banana Bag Infusion** Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Question(s):

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

☐ **Thiamine IVPB Supplementation** (Required)

Please only select additional Thiamine supplementation if you are treating an indication that requires it, see list below.

☐ **Indication: Confirmed Wernicke's Encephalopathy** Dose: 500 mg Route: intravenous Frequency: 3 times daily Frequency Limit: 5 Days

☐ **Indication: Prevention of Wernicke's Encephalopathy (History of Alcohol Use)** Dose: 200 mg Route: intravenous Frequency: 3 times daily Frequency Limit: 5 Days

☐ **Indication: Suspected Gayet-Wernicke Encephalopathy (Bariatric Patients)** Dose: 500 mg Route: intravenous Frequency: 3 times daily Frequency Limit: 3 Days

☐ **Indication: Hyperemesis Gravidarum** Dose: 200 mg Route: intravenous Frequency: daily Frequency Limit: 3 Days

Admin Instructions:

To prevent Wernicke's Encephalopathy in patients with hyperemesis gravidarum, you can give Thiamine 100-200 mg intravenous daily for 3-5 days

☐ **Indication: Other** Route: intravenous Frequency: every 24 hours scheduled Frequency Limit: 5 Days

Pharmacy Consults**Pharmacy Consult**

☐ **Pharmacy consult to monitor and educate for bariatric surgery patient RE-admission** Frequency: Until discontinued Priority: STAT

Medications**HM IP MEDICATIONS - BARIATRIC READMISSION- RESTRICTED MEDICATION**

☐ **No NSAIDs EXcluding aspirin** Frequency: Until discontinued Priority: STAT

Question(s):

Reason for "No" order:

Antibiotics

Adjust dose for renal and/or liver impairment and for age greater than 60 years old.

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

Question(s):

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

Indication:

Admin Instructions:

****EXTENDED INFUSION**** Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☐ **ciprofloxacin (CIPRO) IV** Route: intravenous Priority: STAT

Question(s):

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

Indication:

Product Admin Instructions:

May cause QTc prolongation.

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

☐ **metronidazole (FLAGYL) Route:** intravenous **Priority:** STAT

Question(s):

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

Indication:

☐ **fluconazole (DIFLUCAN) IV Route:** intravenous **Priority:** STAT

Question(s):

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

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

Indication:

Product Admin Instructions:

May cause QTc prolongation.

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

Question(s):

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

Process Instructions:

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

☐ **ertapenem (INVanz) injection Dose:** 1 **Route:** intravenous **Priority:** STAT

Question(s):

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

Indication:

Product Admin Instructions:

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

Multivitamin and Mineral Supplements

☐ **multivitamin with minerals tablet Dose:** 1 tablet **Route:** oral **Frequency:** 2 times daily

Admin Instructions:

Discontinue multiple vitamins in intravenous fluids.

☐ **folic acid (FOLVITE) tablet Dose:** 1 mg **Route:** oral **Frequency:** daily

Admin Instructions:

Discontinue folic acid in intravenous fluids.

☐ **calcium citrate-vitamin D3 (CITRACAL+D) 315-200 mg-unit per tablet Dose:** 2 tablet **Route:** oral **Frequency:** 2 times daily

☐ **ferrous gluconate (FERGON) tablet Dose:** 324 mg **Route:** oral **Frequency:** daily

Admin Instructions:

Each 324 mg tablet contains 38 mg of elemental iron

☐ **cyanocobalamin injection Dose:** 1000 mcg **Route:** intramuscular **Frequency:** once **Frequency Limit:** 1 Occurrences

☐ **cyanocobalamin tablet Dose:** 500 mcg **Route:** sublingual **Frequency:** daily

☐ **sodium chloride 0.9% bag for line care**

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

Admin Instructions:

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

VTE

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

VTE Risk and Prophylaxis Tool (Required)

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

Anticoagulation Guide for COVID patients (<https://formweb.com/files/houstonmethodist/documents/COVID-19>)

Anticoagulation Guideline - 8.20.2021v15.pdf)

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

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

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

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

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

Question(s):

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

☒ **Place sequential compression device**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

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

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

Question(s):

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

☒ **Place sequential compression device**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

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

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

Question(s):

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

☒ **Place sequential compression device**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

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

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

Question(s):

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

☒ **Place sequential compression device**

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

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

☐ **LOW Risk of VTE (Required)**

☒ **Low Risk (Required)**

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

Question(s):

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

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

☒ **Moderate Risk (Required)**

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

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

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

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

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

Question(s):

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

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

Question(s):

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

☐ **ENOXAPARIN SQ DAILY**

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

☐ **heparin**

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Question(s):

Indication:

Dose Selection Guidance:

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

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

Routine

Question(s):

Indication:

☐ **warfarin (COUMADIN) tablet** Dose: 1 Route: oral**Question(s):**

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)☐ **Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine**Question(s):**

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

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

Side: Bilateral

Select Sleeve(s):

☐ **MODERATE Risk of VTE - Non-Surgical** (Required)☒ **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)☒ **Moderate Risk** (Required)☒ **Moderate risk of VTE** Frequency: Once Priority: Routine☒ **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)☐ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**☒ **Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine**Question(s):**

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

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

Routine

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:

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

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.

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Priority: Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

☒ **High Risk (Required)**

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

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

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

Question(s):

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

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

Patient renal status: @CRCL@

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

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

☐ **ENOXAPARIN SQ DAILY**

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

☐ **heparin**

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

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

- ☐ **HEParin (porcine) injection - Q12 Hours** Dose: 5000 Units **Frequency:** every 12 hours scheduled
- ☐ **HEParin (porcine) injection - Q8 Hours** Dose: 5000 Units **Frequency:** every 8 hours scheduled

☐ **Not high bleed risk**

- ☐ **Wt > 100 kg** Dose: 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
- ☐ **Wt LESS than or equal to 100 kg** Dose: 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

☐ **warfarin (COUMADIN)**

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

- ☒ **High Risk (Required)**

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

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

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

Question(s):

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

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

Patient renal status: @CRCL@

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

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

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

☐ ENOXAPARIN 30 MG DAILY☒ **enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

☐ ENOXAPARIN SQ DAILY☒ **enoxaparin (LOVENOX) injection** Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

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

☐ heparin**High Risk Bleeding Characteristics**Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ High Bleed Risk

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

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

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

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

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

☒ **High Risk (Required)**

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

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

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

Question(s):

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

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

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

☐ **Apixaban and Pharmacy Consult (Required)**

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

Question(s):

Indications: ☐ VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

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

Patient renal status: @CRCL@

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

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):

VTE Risk and Prophylaxis Tool

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

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

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

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

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

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

Question(s):

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

☒ **Place sequential compression device**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

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

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

Question(s):

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

☒ **Place sequential compression device**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

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

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

Question(s):

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

☒ **Place sequential compression device**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

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

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

Question(s):

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

☒ **Place sequential compression device**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

☐ **LOW Risk of VTE (Required)**

☒ **Low Risk (Required)**

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

Question(s):

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

☐ **Moderate Risk of VTE - Surgical (Required)**

☒ **Moderate Risk (Required)**

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

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

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

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

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

Question(s):

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

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

Question(s):

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

☐ **ENOXAPARIN SQ DAILY**

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

☐ **heparin**

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Question(s):

Indication:

Dose Selection Guidance:

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

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

Routine

Question(s):

Indication:

☐ **warfarin (COUMADIN) tablet** Dose: 1 Route: oral**Question(s):**

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**☐ **Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine**Question(s):**

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

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

Side: Bilateral

Select Sleeve(s):

☐ **Moderate Risk of VTE - Non-Surgical (Required)**☒ **Moderate Risk (Required)**☒ **Moderate risk of VTE** Frequency: Once Priority: Routine☒ **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)**☐ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**☒ **Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine**Question(s):**

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

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

Side: Bilateral

Select Sleeve(s):

☐ **Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**☒ **Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine**Question(s):**

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

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

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

☐ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)****Patient renal status: @CRCL@**

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

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

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

☐ ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

☐ ENOXAPARIN SQ DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

☐ heparin

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ High Bleed Risk

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

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

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

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

☐ Not high bleed risk

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

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

☐ warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

☐ **High Risk of VTE - Surgical (Required)**

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

☒ **High Risk (Required)**

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

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

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

Question(s):

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

☐ **ENOXAPARIN SQ DAILY**

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

☐ **heparin**

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Question(s):

Indication:

Dose Selection Guidance:

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

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

Routine

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**

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

High Risk Bleeding CharacteristicsAge $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **Rivaroxaban and Pharmacy Consult (Required)**

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

Question(s):Indications: ☐ VTE prophylaxis**Admin Instructions:**

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

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

Question(s):

Indications: VTE prophylaxis

☐ **warfarin (COUMADIN)**

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Routine

Question(s):

Indication:

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

☐ **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	

Sign: _____ Printed Name: _____

Date/Time: _____

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

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

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

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

Priority: Routine

Question(s):

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

☒ **Place sequential compression device**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

☐ **LOW Risk of VTE (Required)**

☒ **Low Risk (Required)**

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

Question(s):

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

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

☒ **Moderate Risk (Required)**

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

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

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

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

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

Question(s):

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

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

Question(s):

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

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

Patient renal status: @CRCL@

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

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

☐ **High Bleed Risk**

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

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Priority: Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

☒ **High Risk (Required)**

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

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

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

Question(s):

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

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

Patient renal status: @CRCL@

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

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

☐ **ENOXAPARIN SQ DAILY**

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

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

☐ **heparin**

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

☐ **High Bleed Risk**

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

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

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

- ☐ **HEParin (porcine) injection - Q12 Hours** Dose: 5000 Units **Frequency:** every 12 hours scheduled
- ☐ **HEParin (porcine) injection - Q8 Hours** Dose: 5000 Units **Frequency:** every 8 hours scheduled

☐ **Not high bleed risk**

- ☐ **Wt > 100 kg** Dose: 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
- ☐ **Wt LESS than or equal to 100 kg** Dose: 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

☐ **warfarin (COUMADIN)**

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

- ☒ **High Risk (Required)**

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

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

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

Question(s):

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

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

Patient renal status: @CRCL@

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

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

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

☐ **ENOXAPARIN 30 MG DAILY**☒ **enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

☐ **ENOXAPARIN SQ DAILY**☒ **enoxaparin (LOVENOX) injection** Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

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

☐ **heparin****High Risk Bleeding Characteristics**Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

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

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

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

☒ **High Risk (Required)**

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

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

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

Question(s):

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

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

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

☐ **Apixaban and Pharmacy Consult (Required)**

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

Question(s):

Indications: ☐ VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

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

Patient renal status: @CRCL@

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

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):

Labs

☐ **COVID-19 Qualitative PCR**

☐ **COVID-19 qualitative RT-PCR - Nasal Swab** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine

Question(s):

Specimen Source: Nasal Swab

Is this for pre-procedure or non-PUI assessment? ☐ Yes

Specimen Source:

Labs STAT

☐ **CBC hemogram** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

CBC only; Does not include a differential

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

☐ **Comprehensive metabolic panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Albumin level** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Chromium, 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.

☐ **Copper level, 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.

☐ **C-reactive protein** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Fatty acid profile, essential, S** 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.

☐ **Folate level** 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

☐ **Iron level** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Hepatic function panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Lipid panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Prealbumin level** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Parathyroid hormone** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Thyroid stimulating hormone** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Selenium, 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.

☐ **Vitamin A level, plasma or 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.

☐ **Vitamin B1 (thiamine)** 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.

☐ **Vitamin B12 level** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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

☐ **Vitamin B6 level, plasma** 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.

☐ **Vitamin D 25 hydroxy level** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Vitamin E level, plasma or 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.

☐ **Vitamin K level, 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.

☐ **Zinc level, 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.

Labs AM x 1

☐ **CBC hemogram** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

CBC only; Does not include a differential

☐ **Comprehensive metabolic panel** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Albumin level** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Chromium, serum** Frequency: AM draw 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.

☐ **Copper level, serum** Frequency: AM draw 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.

☐ **C-reactive protein** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Fatty acid profile, essential, S** Frequency: AM draw 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.

☐ **Folate level** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Hemoglobin A1c** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Iron level** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

☐ **Hepatic function panel** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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

- ☐ **Lipid panel** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Triglycerides** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Magnesium level** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Prealbumin level** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Parathyroid hormone** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Prothrombin time with INR** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Partial thromboplastin time, activated** Frequency: AM draw 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.
- ☐ **Thyroid stimulating hormone** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Type and screen** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood
- ☐ **Selenium, serum** Frequency: AM draw 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.
- ☐ **Vitamin A level, plasma or serum** Frequency: AM draw 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.
- ☐ **Vitamin B1 (thiamine)** Frequency: AM draw 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.
- ☐ **Vitamin B12 level** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Vitamin B6 level, plasma** Frequency: AM draw 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.
- ☐ **Vitamin D 25 hydroxy level** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Vitamin E level, plasma or serum** Frequency: AM draw 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.
- ☐ **Vitamin K level, serum** Frequency: AM draw 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.

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

☐ **Zinc level, serum** Frequency: AM draw 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.

☐ **Total iron binding capacity, percent transferrin saturation, and iron level** Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Imaging CT

☐ **CT Abdomen Pelvis W Wo Contrast** Frequency: 1 time imaging Priority: Routine

Question(s):

Is the patient pregnant?

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

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

Process Instructions:

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

Fasting for this test is not required.

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

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

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

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

☐ **CT Angiogram Pe Chest** Frequency: 1 time imaging Priority: Routine

Question(s):

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

Is the patient pregnant?

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

Process Instructions:

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

Fasting for this test is not required.

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

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

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

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

Consults

For Physician Consult orders use sidebar

Ancillary Consults

☐ **Consult to Bariatric Coordinator** Frequency: Once Priority: Routine

Question(s):

Reason for Consult?

☐ **Consult to Nutrition Services** Frequency: Once Priority: Routine

Question(s):

Reason For Consult?

Purpose/Topic:

Reason for Consult?

☐ **Consult to Case Management** Frequency: Once Priority: Routine

Question(s):

Consult Reason:

Reason for Consult?

Process Instructions:

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

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

Question(s):

Reason for Consult:

Reason for Consult?

☐ **Consult PT eval and treat** Frequency: Once Priority: Routine

Question(s):

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

Are there any restrictions for positioning or mobility?

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

Weight Bearing Status:

Reason for PT?

Process Instructions:

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

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

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

Question(s):

Special Instructions:

Location of Wound?

Reason for PT?

☐ **Consult OT eval and treat** Frequency: Once Priority: Routine

Question(s):

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

Are there any restrictions for positioning or mobility?

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

Weight Bearing Status:

Reason for OT?

Process Instructions:

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

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

☐ **Consult to Spiritual Care** Frequency: Once Priority: Routine

Question(s):

Reason for consult?

Reason for Consult?

Process Instructions:

For requests after hours, call the house operator.

☐ **Consult to Respiratory Therapy** Frequency: Once Priority: Routine **Comments:** Reason for consult: CPAP

Question(s):

Reason for Consult?

Reason for Consult?

Additional Orders