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Allergies

Update Allergies w Reactions: _____

Anticoagulation Therapy

Heparin

- Initiate Heparin Protocol PE/DVT
Initiate Heparin Protocol Cardiac/Thromb

Lovenox (rounded to nearest 5 mg)

- *Use caution in patients with creatinine clearance less than 15 mL/min. Recommend using a heparin weight based protocol.*

VTE with or without PE

- enoxaparin (Lovenox) 1 milligram/kilogram subcutaneously every 12 hours - for creatinine clearance GREATER THAN 30 mL/min
enoxaparin (Lovenox) 1 milligram/kilogram subcutaneously every 24 hours - for creatinine clearance LESS THAN 30 mL/min

Acute ST-segment elevation myocardial infarction

- Enoxaparin (Lovenox) for creatinine clearance GREATER THAN 30 mL/min AND age UNDER 75 years
- enoxaparin (Lovenox) 30 milligram intravenously once bolus
- enoxaparin (Lovenox) 1 milligram/kilogram subcutaneously once
- enoxaparin (Lovenox) 1 milligram/kilogram subcutaneously every 12 hours
Enoxaparin (Lovenox) for creatinine clearance GREATER THAN 30 mL/min AND age 75 years or OLDER
- enoxaparin (Lovenox) 0.75 milligram/kilogram subcutaneously every 12 hours
- enoxaparin (Lovenox) no bolus necessary
Enoxaparin (Lovenox) for creatinine clearance LESS THAN 30 mL/min AND age UNDER 75 years
- enoxaparin (Lovenox) 30 milligram intravenously once
- enoxaparin (Lovenox) 1 milligram/kilogram subcutaneously once
- enoxaparin (Lovenox) 1 milligram/kilogram subcutaneously every 24 hours
Enoxaparin (Lovenox) for creatinine clearance less than 30 mL/min AND age 75 years or OLDER
- enoxaparin (Lovenox) 1 milligram/kilogram subcutaneously every 24 hours
- enoxaparin (Lovenox) no bolus necessary

Warfarin (Coumadin)

- Please check indication for Warfarin therapy:
DVT -- Goal INR 2-3
Pulmonary Embolism -- Goal INR 2-3
Atrial Fibrillation -- Goal INR 2-3
Prosthetic Cardiac Valve -- Goal INR _____
Other -- Goal INR _____
Initial Warfarin Dose: MUST HAVE PT/INR RESULTS BEFORE FIRST DOSE OF WARFARIN IS GIVEN
warfarin (Coumadin) 2.5 milligram orally x 1 (for patients with weight below 50 kg, age greater than 80, liver dysfunction, CHF)
warfarin (Coumadin) 5 milligram orally x 1
warfarin (Coumadin) _____ milligram orally x 1
Patient has a history of Heparin Induced Thrombocytopenia (HIT) - Please print and complete Leprodin (Refludan) Order Set

Physician Signature: _____

Date / Time: _____





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Anticoagulation Tx Adult v2

Sequential Compression Device

- Sequential Compression Device Left Calf
- Sequential Compression Device Right Calf
- Sequential Compression Device Left Foot
- Sequential Compression Device Right Foot
- Reason for no SCD's
 - CIRCLE ONE:

Acquired deform lowr limb	AKA left	AKA right
Amputation L leg	Amputation R leg	Amputee
Amputee – limb	At risk for falls	BKA left
BKA right	Bil traum amp legs w comp	Bil traum amp legs wo com
Burn of lower limb	Clouded consciousness	Confusional state
Congestive heart failure	Critical lower limb ische	Dermatitis
Deformity of leg	DVT lower extremity	Edema of leg
Edema of lower extr	Hx lower limb amputation	Hx occl dz lower extr art
Hypervolemia	Injury of lower extremity	Ischemia lower limb
Ischemia peripheral	Peripheral vascular dz	Surg proc on lower extr
Skin graft disorder	Suspected DVT	Vasc insufficiency limb
Sensory neuropathy		

Other Orders

- Interventional Angiography - IVC Filter Placement
 - Reason for exam _____
 - Print Physician Name _____
- _____
- _____

Laboratory

- General Labs for HEPARIN, ENOXAPARIN and WARFARIN
 - Metabolic Panel (Complete) now-baseline
 - Metabolic Panel (Complete) _____
 - Creatinine (S) W/ Egfr once a day
 - Creatinine (S) W/ Egfr every 3 days - (Recommend every 3 days for Heparin and Enoxaparin)
 - Creatinine (S) W/ Egfr _____
 - BUN (Blood Urea Nitrogen) once a day
 - BUN (Blood Urea Nitrogen) every 3 days - (Recommend every 3 days for Heparin and Enoxaparin)
 - BUN (Blood Urea Nitrogen) _____
 - CBC W/ Auto Differentiation now-baseline
 - CBC W/ Auto Differentiation once a day
 - CBC W/ Auto Differentiation every 3 days
 - CBC W/ Auto Differentiation _____
 - Prothrombin Time (PT/INR) - now-baseline - (Recommend if Warfarin daily until stable then every 3 days) - Must have PT/INR results before first dose of Warfarin is given
 - Prothrombin Time (PT/INR) - once a day (Recommend Warfarin daily until stable then every 3 days) - Must have PT/INR results before first dose of Warfarin is given
 - Prothrombin Time (PT/INR) - every 3 days (Recommend Warfarin daily until stable then every 3 days) - Must have PT/INR results before first dose of Warfarin is given
 - Partial Thromboplast Time - PTT now-baseline
 - Partial Thromboplast Time - PTT once a day
 - Partial Thromboplast Time - PTT every 3 days
 - Partial Thromboplast Time - PTT _____
 - Occult Blood once a day
 - Occult Blood every 3 days
 - Occult Blood _____
 - Other _____ once a day
 - Other _____ every 3 days
 - Other _____

Physician Signature: _____

Date / Time: _____





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Anticoagulation Tx Adult v2

Consults

- Pharmacy Notification - for Warfarin Management
- CC Consult Discharge Planning (Care Coordination) -
Warfarin Therapy - _____ Outpatient _____ Home Health _____ Other

Physician Signature: _____

Date / Time: _____

PATIENT STICKER