

<p>PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</p> <p>ENOXAPARIN Therapy Order</p> <p>DATE _____ TIME _____</p> <p>Indications for Enoxaparin Therapy:</p> <p><input type="checkbox"/> VTE Prophylaxis <input type="checkbox"/> DVT <input type="checkbox"/> PE <input type="checkbox"/> AMI <input type="checkbox"/> Other: _____</p> <p>Patient's Actual Body Weight: _____ kg</p> <p>Obtain Baseline Labs PRIOR TO ADMINISTRATION:</p> <p><input type="checkbox"/> PT <input type="checkbox"/> INR <input type="checkbox"/> aPTT <input type="checkbox"/> CBC, OR <input type="checkbox"/> Hemoglobin, Hematocrit, and Platelet Count</p> <p><input type="checkbox"/> Anti-Xa activity (for high risk patients) <input type="checkbox"/> Hemoglobin, Hematocrit, Platelet Count every (2) two days <input type="checkbox"/> Serum Creatinine Level every two days <input type="checkbox"/> Call attending physician if platelet count decreases 50% or more from baseline, or if less than 100,000 <input type="checkbox"/> Dietary Teaching: Food and Drug Interaction – Warfarin</p>	<p>INTRAVENOUS FLUID and MEDICATION ORDERS</p> <p>ALLERGY:</p> <p>For VTE prophylaxis: Post Hip REPLACEMENT Surgery</p> <p><input type="checkbox"/> Enoxaparin 30mg SQ q 12 hours <input type="checkbox"/> Enoxaparin 40mg SQ q 24 hours <input type="checkbox"/> Enoxaparin 30mg SQ q 24 hours (for CrCl < 30ml/min)</p> <p>For VTE prophylaxis: Post Hip FRACTURE Surgery</p> <p><input type="checkbox"/> Enoxaparin 30mg SQ q 12 hours <input type="checkbox"/> Enoxaparin 30mg SQ q 24 hours (for CrCl < 30ml/min)</p> <p>For VTE prophylaxis: Post Knee Replacement Surgery</p> <p><input type="checkbox"/> Enoxaparin 30mg SQ q 12 hours <input type="checkbox"/> Enoxaparin 30mg SQ q 24 hours (for CrCl < 30ml/min)</p> <p>For VTE prophylaxis: Post Abdominal Surgery</p> <p><input type="checkbox"/> Enoxaparin 40mg SQ q 24 hours <input type="checkbox"/> Enoxaparin 30mg SQ q 24 hours (for CrCl < 30ml/min)</p> <p>For VTE prophylaxis: Acute Medical Illness</p> <p><input type="checkbox"/> Enoxaparin 40mg SQ q 24 hours <input type="checkbox"/> Enoxaparin 30mg SQ q 24 hours (for CrCl < 30ml/min)</p> <p>For treatment of VTE (DVT/PE)</p> <p><input type="checkbox"/> Enoxaparin 1mg/kg SQ q 12 hours = _____ mg <input type="checkbox"/> Enoxaparin 1.5mg/kg SQ q 24 hours = _____ mg <input type="checkbox"/> Enoxaparin 1mg/kg SQ q 24 hours = _____ mg (for CrCl < 30ml/min)</p> <p>MD Initial _____</p> <p>Continued on next page. >>>>>>></p>
---	--

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

- DO NOT USE:**
- U MS
 - IU MSO₄
 - Q.D. MgSO₄
 - Q.O.D. Trailing zero
 - Lack of leading zero

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
<div style="display: flex; justify-content: space-between;"> IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY </div>	<div style="display: flex; justify-content: space-between;"> IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY </div>	<p>ALLERGY:</p> <p><i>For Unstable Angina or Non Q Wave MI</i></p> <p><input type="checkbox"/> Enoxaparin 1mg/kg SQ q 12 hours = _____ mg</p> <p><input type="checkbox"/> Enoxaparin 1mg/kg SQ q 24 hours = _____ mg (for CrCl < 30ml/min)</p> <p><input type="checkbox"/> Enoxaparin _____ mg SQ every _____</p> <p><input type="checkbox"/> Aspirin _____ mg daily</p> <p><input type="checkbox"/> Warfarin _____ mg daily</p> <p>Pre-Operative Management</p> <p><input type="checkbox"/> Discontinue Enoxaparin 12 hours before surgery</p> <p>Surgery Date: _____ Time: _____</p> <p>MD Signature _____</p>

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:

U	MS
IU	MSO ₄
Q.D.	MgSO ₄
Q.O.D.	Trailing zero
Lack of leading zero	

Enoxaparin Therapy Order

GMHA FORM # 0280 STOCK # 990280

FORM REVISED: 10/2010

APPROVED DATE: P&T 9/2009, MEC 9/2009, HIMC 10/2010