**PHYSICIAN’S ORDER**

(Excluding IV Fluids and Medications)

**ENOXAPARIN Therapy Order**

Date ___________________ Time ___________________

**Indications for Enoxaparin Therapy:**
- [ ] VTE Prophylaxis
- [ ] DVT
- [ ] PE
- [ ] AMI
- [ ] Other: __________________

**Patient’s Actual Body Weight:** ______ kg

**Obtain Baseline Labs PRIOR TO ADMINISTRATION:**
- [ ] PT
- [ ] INR
- [ ] aPTT
- [ ] CBC, OR
  - [ ] Hemoglobin, Hematocrit, and Platelet Count
- [ ] Anti-Xa activity (for high risk patients)
- [ ] Hemoglobin, Hematocrit, Platelet Count every (2) two days
- [ ] Serum Creatinine Level every two days
- [ ] Call attending physician if platelet count decreases 50% or more from baseline, or if less than 100,000
- [ ] Dietary Teaching: Food and Drug Interaction – Warfarin

**ALLERGY:**

**INTRAVENOUS FLUID and MEDICATION ORDERS**

**For VTE prophylaxis: Post Hip REPLACEMENT Surgery**
- [ ] Enoxaparin 30mg SQ q 12 hours
- [ ] Enoxaparin 40mg SQ q 24 hours
- [ ] Enoxaparin 30mg SQ q 24 hours (for CrCl < 30ml/min)

**For VTE prophylaxis: Post Hip FRACTURE Surgery**
- [ ] Enoxaparin 30mg SQ q 12 hours
- [ ] Enoxaparin 30mg SQ q 24 hours (for CrCl < 30ml/min)

**For VTE prophylaxis: Post Knee Replacement Surgery**
- [ ] Enoxaparin 30mg SQ q 12 hours
- [ ] Enoxaparin 30mg SQ q 24 hours (for CrCl < 30ml/min)

**For VTE prophylaxis: Post Abdominal Surgery**
- [ ] Enoxaparin 40mg SQ q 24 hours
- [ ] Enoxaparin 30mg SQ q 24 hours (for CrCl < 30ml/min)

**For VTE prophylaxis: Acute Medical Illness**
- [ ] Enoxaparin 40mg SQ q 24 hours
- [ ] Enoxaparin 30mg SQ q 24 hours (for CrCl < 30ml/min)

**For treatment of VTE (DVT/PE)**
- [ ] Enoxaparin 1mg/kg SQ q 12 hours = ______ mg
- [ ] Enoxaparin 1.5mg/kg SQ q 24 hours = ______ mg
- [ ] Enoxaparin 1mg/kg SQ q 24 hours = ______ mg (for CrCl < 30ml/min)

**MD Initial ______________

Continued on next page. >>>>>>>>

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**Enoxaparin Therapy Order**

GMHA FORM # 0280  STOCK # 990280

FORM REVISED: 10/2010


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- ✔ 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.
ALL ORDERS MUST BE WRITTEN WITH A BALL POINT PEN AND INCLUDE DATE, TIME, AND PHYSICIAN'S SIGNATURE.

<table>
<thead>
<tr>
<th>PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)</th>
<th>INTRAVENOUS FLUID and MEDICATION ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ALLERGY:</td>
</tr>
<tr>
<td></td>
<td>For Unstable Angina or Non Q Wave MI</td>
</tr>
<tr>
<td></td>
<td>□ Enoxaparin 1mg/kg SQ q 12 hours = ________ mg</td>
</tr>
<tr>
<td></td>
<td>□ Enoxaparin 1mg/kg SQ q 24 hours = ________ mg (for CrCl &lt; 30ml/min)</td>
</tr>
<tr>
<td></td>
<td>□ Enoxaparin _______ mg SQ every _____________</td>
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<tr>
<td></td>
<td>□ Aspirin _______ mg daily</td>
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<tr>
<td></td>
<td>□ Warfarin _______ mg daily</td>
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<tr>
<td></td>
<td>Pre-Operative Management</td>
</tr>
<tr>
<td></td>
<td>□ Discontinue Enoxaparin 12 hours before surgery</td>
</tr>
</tbody>
</table>

Surgery Date: ________________     Time: ________

MD Signature ____________________________________________________________________________

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