

# INPATIENT DVT ORDERS

Drug Allergy \_\_\_\_\_

Date \_\_\_\_\_

Hour  ADMIT  23 HR OBSERVATION Reason \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

## MEDICATIONS:

- Lovenox 1mg/kg subcutaneous q12 hours until therapeutic INR. Minimum 5 days.  
Coumadin per pharmacy day #1  
\* If CrCl between 10 and 30 - RPh adjust to 1mg/1kg every 24 hours.
  
- Heparin per DVT protocol and Coumadin per pharmacy day #1  
\* Use Heparin if CrCl<10ml/min

## LABS:

- Day 1 Baseline Labs: CBC, INR, electrolytes, blood glucose, SCr.  
BUN, AST, ALT, ALK Phos, and TBil, PTT
  
- Day 2 CBC, PT/INR  
PTT (For heparin patients only).
  
- Daily PT/INR  
PTT (for heparin patients only)

DIET: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

Consult Social Services.

\_\_\_\_\_  
Physician Signature

**USE BALL POINT PEN ONLY**

*Very Good things are happening here*

South campus  
1248 Kinney's Lane  
Portsmouth, Ohio 45662

Main campus  
1805 27th St  
Portsmouth, Ohio 45662

DOB: \_\_\_\_\_

