

ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN

Allergies/Reactions:

Fax all infusions to: 833-380-8800

Please mark the appropriate infusion center:

- | | |
|---|---|
| <input type="checkbox"/> Allenmore Infusion Center | <input type="checkbox"/> DHEC Infusion Center |
| <input type="checkbox"/> Auburn Infusion Center | <input type="checkbox"/> North Spokane Infusion Center |
| <input type="checkbox"/> Gig Harbor Infusion Services | <input type="checkbox"/> North Star Lodge Infusion Center |
| <input type="checkbox"/> Puyallup Infusion Center | |

ORDERS WITH CHECK BOXES

When an order is optional (those with check boxes), physicians are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.

Enoxaparin (Lovenox) Bridge Therapy

Patient Name: _____ Requested Date of Service: ____/____/____

Date of Birth: ____/____/____ Patient Phone Number: (____) _____ - _____ May leave message

Anticoagulation Diagnosis: _____ **ICD -10 Code:** _____

Required: H&P with documentation to support above diagnosis including ICD-10 code and supporting labs.
 If required documentation not received with order, scheduling of treatment will be delayed until complete information is available.

Procedure: _____ **Date of procedure:** _____ **Time of procedure, if known:** _____

Pre-procedure:

- Warfarin (Coumadin) stop date: _____ (ensure patient has discontinued warfarin)
- Enoxaparin _____ mg (1.5 mg/kg) SubQ every day on (dates): _____
- PT/INR day prior to procedure q if INR \geq 1.8 day prior to procedure, Vitamin K 2.5 mg po x 1; send prescription to patient's pharmacy

Post-procedure:

- PT/INR every day starting two days post procedure
- Enoxaparin _____ mg (1.5 mg/kg) SubQ every day beginning on (date): _____
- Discontinue enoxaparin when INR \geq _____
- Warfarin _____ mg po x 1 on (date): _____
- Warfarin _____ mg po x 1 on (date): _____; then warfarin per pharmacy protocol

Call Anticoagulation Clinic Pharmacist for daily dose (weekends 253-697-3801)

Weekend / holiday / after hours doses: _____

Enoxaparin

Enoxaparin (Lovenox) bridging therapy for anticoagulation initiation:

- PT/INR every day to enoxaparin; discontinue enoxaparin when INR \geq _____
- Enoxaparin _____ mg (1.5 mg/kg) SubQ every day beginning on (date): _____
- Discontinue enoxaparin per when INR \geq _____

Call Anticoagulation Clinic Pharmacist for daily dose (weekends 253-697-3801)

Weekend / holiday / after hours doses: _____

- Other _____
- Follow-up at Anticoagulation Clinic or with health care provider: _____

Date

Time

Provider Signature

Print Name

Date

Time

Another brand of drug, identical in form and content, may be dispensed unless checked

Patient Identification - Always Attach Patient Label

Name: _____
 MRN #: _____
 CSN #: _____
 Age / Sex and Gender: _____

Pre-printed Order
ENOXAPARIN (Lovenox)
BRIDGE THERAPY
 MultiCare 



78-1153-3MR (Rev. 9/24)