ORD

ORDERED		Lovenox Protocol	TIME ORDER NOTED
DATE	TIME		
		Lovenox_____mg/kg subcutaneously every _____hours was ordered	
		Based on patient's reported body weight of_____kg	
		The dose should be:	
		Lovenox_____	
		Please note doses will be rounded to the nearest 10 mg as approved by	
		Pharmacy and Therapeutics committee.	
		Per pharmacy protocol/	

Room #_____ ACCT:_____

Name_____

BAPTIST MEMORIAL HOSPITAL GOLDEN TRIANGLE

LOVENOX PROTOCOL

Form #18-214.213 (7/09)

ORIGINAL - CHART CANARY - PHARMACY