

General

Patient Name _____ MRN _____

Admission or Observation (Single Response)

<input type="checkbox"/> Admit to inpatient	Diagnosis: Admitting Physician: Attending Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
<input type="checkbox"/> Admit to IP- University Teaching Service	Diagnosis: Admitting Physician: Attending Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. To reach the team taking care of this patient please call the page operator at 713-441-2201 and ask for the resident on the assigned team. For after hours (Monday-Friday 4 pm- 7 am as well as Sat & Sun 12 pm- 7 am) you can call CROSS COVERAGE at 713-768-1836.
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Attending Physician: Patient Condition: Bed request comments:
<input type="checkbox"/> UTS - Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Attending Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient please call the page operator at 713-441-2201 and ask for the resident on the assigned team. For after hours (Monday-Friday 4 pm- 7 am as well as Sat & Sun 12 pm- 7 am) you can call CROSS COVERAGE at 713-768-1836.
<input type="checkbox"/> Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Attending Physician: Bed request comments:

Code Status

<input type="checkbox"/> Full code	Code Status decision reached by:
<input type="checkbox"/> DNR (Do Not Resuscitate)	Code Status decision reached by:
<input type="checkbox"/> Modified Code	Modified Code restrictions: Code Status decision reached by:
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:

Isolation

<input type="checkbox"/> Airborne isolation status	Routine, Continuous
<input type="checkbox"/> Contact isolation status	Routine, Continuous
<input type="checkbox"/> Droplet isolation status	Routine, Continuous
<input type="checkbox"/> Enteric isolation status	Routine, Continuous
<input type="checkbox"/> Other	

Precautions

<input type="checkbox"/> Aspiration precautions	Details
<input type="checkbox"/> Fall precautions	Increased observation level needed:
<input type="checkbox"/> Latex precautions	Details
<input type="checkbox"/> Seizure precautions	Increased observation level needed:
<input type="checkbox"/> Other	

Nursing

Vital signs

<input type="checkbox"/> Vital signs - T/P/R/BP (per unit protocol)	Routine, Per unit protocol
<input type="checkbox"/> Other	

Telemetry Order

<input type="checkbox"/> Telemetry	"And" Linked Panel
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 100 Low DBP(mmHg): 95 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
<input type="checkbox"/> Other	

Activity

<input type="checkbox"/> Up ad lib	Routine, Until discontinued, Starting S Specify: Up ad lib
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Other	

Nursing Care

<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Intake and Output Qshift	Routine, Every shift
<input type="checkbox"/> Nasogastric Tube Insert and Maintain	

<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type:
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders:
<input type="checkbox"/> Insert and Maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
<input type="checkbox"/> Other	

Notify Physician

<input type="checkbox"/> Notify Physician(vitals,output,pulse ox)	Routine, Until discontinued, Starting S Temperature greater than: 100.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: 50 Heart rate greater than: 100 Heart rate less than: 60 Respiratory rate greater than: 25 Respiratory rate less than: 8 SpO2 less than: 92 Urine Output less than: Output (Specify) greater than: Other:
<input type="checkbox"/> Other	

Notify Physician- UTS

<input type="checkbox"/> Notify Physician- Teaching Service	Routine, Until discontinued, Starting S, If this patient is on the UTS service, please contact the Internal Med Resident CARING FOR THE PATIENT. He/she should be paged for any patient care issues during regular hours (M-F, 7a-5p; S/S & Holidays, 7a-12p). If no response, a member of the same team MUST be paged. Refer to the Gold, Diamond, Silver, and Sapphire UTS Team member's schedule. All other times, page the on-call resident pager (713-768-1836). If no response, page the Sr. Resident at 713- 768-0403. If no response is obtained using second pager, page the attending assigned to the patient.
<input type="checkbox"/> Other	

Diet (Single Response)

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Other	

Tube Feed

<input type="checkbox"/> Tube feeding- Continuous	Continuous Tube Feeding Formula: Tube Feeding Schedule: Continuous Tube Feeding Route: Initial Tube Feed rate (mL/hr): Advance Rate by (mL/hr): Goal Tube Feed Rate (mL/hr): Water flush amount (mL): Water flush (30 mL) frequency: Free water restriction:
<input type="checkbox"/> Tube feeding- Bolus	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Schedule: Bolus Bolus Route: Tube Feeding Bolus (mL): Additional Bolus Schedule Instructions: Water flush amount (mL): Water flush (30 mL) frequency: Free water restriction:
<input type="checkbox"/> Tube feeding- Cyclic	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Schedule: Cyclic Tube Feeding Route: Tube Feeding Cyclic (start / stop time): Tube Feeding Cyclic Rate (mL/hr): Water flush amount (mL): Water flush (30 mL) frequency: Free water restriction:
<input type="checkbox"/> Other	

IV Fluids

Peripheral IV Access

<input type="checkbox"/> Initiate and maintain IV	
<input type="checkbox"/> Insert peripheral IV	Routine, Once
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
<input type="checkbox"/> Other	

IV Bolus (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> Other	

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> lactated Ringer's infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> Custom IV Fluid	intravenous, continuous
<input type="checkbox"/> Other	

Medications

For Analgesics, please refer to the General Pain Management order sets.
 For Antihypertensives, please refer to the Hypertensive Urgency order set.

Antibiotics

<input type="checkbox"/> azithromycin (ZITHROMAX) IV	intravenous, for 60 Minutes Type of Therapy:
<input type="checkbox"/> azithromycin (ZITHROMAX) tablet	oral, daily Type of Therapy:
<input type="checkbox"/> cefepime (MAXIPIME) IV	intravenous Type of Therapy:
<input type="checkbox"/> ceftriaxone (ROCEPHIN) IV	intravenous, for 30 Minutes Type of Therapy:
<input type="checkbox"/> ciprofloxacin (CIPRO) IV	intravenous, for 60 Minutes Type of Therapy:
<input type="checkbox"/> ciprofloxacin (CIPRO) tablet	100 mg, oral, 2 times daily
<input type="checkbox"/> imipenem-cilastatin (PRIMAXIN) IV	intravenous, for 30 Minutes Type of Therapy:
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	intravenous Type of Therapy:
<input type="checkbox"/> levofloxacin (LEVAQUIN) tablet	oral, daily at 0600 (time critical) Type of Therapy:
<input type="checkbox"/> metroNIDAZOLE (FLAGYL) IV	intravenous Type of Therapy:
<input type="checkbox"/> metroNIDAZOLE (FLAGYL) tablet	500 mg, oral, 3 times daily Type of Therapy:
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) IV	intravenous Type of Therapy:
<input type="checkbox"/> vancomycin (VANCOCIN) IV	intravenous Type of Therapy:
<input type="checkbox"/> Other	

Shortness of Breath

<input type="checkbox"/> albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 4 hours (RT) Aerosol Delivery Device:
<input type="checkbox"/> albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 4 hours PRN, shortness of breath Aerosol Delivery Device:
<input type="checkbox"/> ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 4 hours (RT) Aerosol Delivery Device:
<input type="checkbox"/> ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 4 hours PRN, shortness of breath Aerosol Delivery Device:
<input type="checkbox"/> Other	

Cough

<input type="checkbox"/> guaifenesin (MUCINEX) 12 hr tablet	600 mg, oral, 2 times daily PRN, cough
<input type="checkbox"/> dextromethorphan-guaifenesin (MUCINEX DM REGULAR) 30-600 mg per 12 hr tablet	1 tablet, oral, every 12 hours PRN, cough
<input type="checkbox"/> guaifenesin (ROBITUSSIN) 100 mg/5 mL syrup	100 mg, oral, every 4 hours PRN, cough
<input type="checkbox"/> dextromethorphan-guaifenesin (ROBITUSSIN-DM) 10-100 mg/5 mL liquid	5 mL, oral, every 4 hours PRN, cough
<input type="checkbox"/> codeine-guaifenesin (GUAIFENESIN AC) 10-100 mg/5 mL liquid	5 mL, oral, every 4 hours PRN, cough
<input type="checkbox"/> benzonatate (TESSALON) capsule	100 mg, oral, every 6 hours PRN, cough
<input type="checkbox"/> Other	

Constipation

<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation
<input type="checkbox"/> senna (SENOKOT) tablet	1 tablet, oral, 2 times daily PRN, constipation, stool softening
<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, daily PRN, constipation

<input type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation
<input type="checkbox"/> magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation
<input type="checkbox"/> psyllium (METAMUCIL) 3.4 gram packet	1 packet, oral, daily PRN, constipation
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
<input type="checkbox"/> Other	

Insomnia: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
<input type="checkbox"/> Other	

Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response)

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
<input type="checkbox"/> Other	

Antiemetics

<input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral	"Or" Linked Panel
<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 10 mL for Alaris pump syringe option	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.
<input type="checkbox"/> Other	

Itching: For Patients GREATER than 70 years old (Single Response)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
<input type="checkbox"/> Other	

Itching: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) capsule	25 mg, oral, every 6 hours PRN, itching
<input type="checkbox"/> hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching
<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching
<input type="checkbox"/> Other	

GI Drugs

<input type="checkbox"/> famotidine (PEPCID) IV or ORAL	"Or" Linked Panel
<input type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily IV or ORAL
<input type="checkbox"/> famotidine (PEPCID) tablet	20 mg, oral, 2 times daily IV or ORAL
<input type="checkbox"/> pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
<input type="checkbox"/> pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

<input type="checkbox"/> pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> omeprazole (PriLOSEC) suspension	10 mg, oral, daily [omeprazole]Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> sucralfate (CARAFATE) TABLET or SUSPENSION	"Or" Linked Panel
<input type="checkbox"/> sucralfate (CARAFATE) tablet - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER	1 g, oral, 4 times daily with meals and nightly
<input type="checkbox"/> sucralfate (CARAFATE) 100 mg/mL suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER	1 g, Nasogastric, 4 times daily with meals and nightly Use with Nasogastric tubing. Use if patient is unable to swallow tablet.
<input type="checkbox"/> alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER	30 mL, oral, every 4 hours PRN, indigestion Do not give if patient is on hemodialysis or in chronic renal failure.
<input type="checkbox"/> simethicone (MYLICON) chewable tablet	80 mg, oral, every 4 hours PRN, flatulence, For 2 Doses
<input type="checkbox"/> Other	

VTE

Step 1 - Pharmacologic (Single Response)

<input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
<input type="checkbox"/> Contraindication(s) exist(s) for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if eGFR LESS than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:

() High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)

Address both pharmacologic and mechanical prophylaxis by ordering from Step 1 and Step 2 unless Contraindication(s) exist(s).

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 if CrCL LESS than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:

() High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)

Address both pharmacologic and mechanical prophylaxis by ordering from Step 1 and Step 2 unless Contraindication(s) exist(s).

() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 if CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 if CrCL LESS than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1.

<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical)
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
Address both pharmacologic and mechanical prophylaxis by ordering from Step 1 and Step 2 unless Contraindication(s) exist(s).	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical)
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 1700 (time critical) if eGFR LESS than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Other	

Step 1 - Pharmacologic (60 yo and Above) (Single Response)

<input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
<input type="checkbox"/> Contraindication(s) exist(s) for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if CrCL LESS than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
Address both pharmacologic and mechanical prophylaxis by ordering from Step 1 and Step 2 unless Contraindication(s) exist(s).	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 if eGFR LESS than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:

() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
() High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
Address both pharmacologic and mechanical prophylaxis by ordering from Step 1 and Step 2 unless Contraindication(s) exist(s).	
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 if eGFR LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 if eGFR LESS than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
() Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical)
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 1700 (time critical) if eGFR LESS than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:

<input type="checkbox"/> Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
() High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
Address both pharmacologic and mechanical prophylaxis by ordering from Step 1 and Step 2 unless Contraindication(s) exist(s).	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical)
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 1700 (time critical) if eGFR LESS than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Other	

Step 2 - Mechanical (Single Response)

<input type="checkbox"/> Moderate risk: No mechanical VTE prophylaxis because pharmacologic has been ordered and the need for dual prophylaxis is not indicated	Routine, Once
<input type="checkbox"/> Contraindication(s) exist(s) for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
<input type="checkbox"/> Place sequential compression device	Routine, Once
<input type="checkbox"/> Place sequential compression device and antiembolic stockings	"And" Linked Panel
<input type="checkbox"/> Place sequential compression device	Routine, Once
<input type="checkbox"/> Place antiembolic stockings	Routine, Once
<input type="checkbox"/> Other	

Step 2 - Mechanical (60 yo and Above) (Single Response)

<input type="checkbox"/> Moderate risk: No mechanical VTE prophylaxis because pharmacologic has been ordered and the need for dual prophylaxis is not indicated	Routine, Once
<input type="checkbox"/> Contraindication(s) exist(s) for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place sequential compression device	Routine, Once

<input type="checkbox"/> Place sequential compression device and antiembolic stockings	"And" Linked Panel
<input type="checkbox"/> Place sequential compression device	Routine, Once
<input type="checkbox"/> Place antiembolic stockings	Routine, Once
<input type="checkbox"/> Other	

Labs Today

Hematology/Coagulation Today

<input type="checkbox"/> CBC	Once
<input type="checkbox"/> CBC and differential	Once
<input type="checkbox"/> Prothrombin time with INR	Once
<input type="checkbox"/> Partial thromboplastin time	Once
<input type="checkbox"/> Other	

Chemistry Today

<input type="checkbox"/> Albumin	Once
<input type="checkbox"/> Amylase	Once
<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> B-type natriuretic peptide	Once
<input type="checkbox"/> CK total	Once
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input type="checkbox"/> Hemoglobin A1c	Once
<input type="checkbox"/> Hepatic function panel	Once
<input type="checkbox"/> Lactic acid level	Once
<input type="checkbox"/> Lipase	Once
<input type="checkbox"/> Lipid panel	Once
<input type="checkbox"/> Magnesium	Once
<input type="checkbox"/> Phosphorus	Once
<input type="checkbox"/> Prealbumin	Once
<input type="checkbox"/> TSH	Once
<input type="checkbox"/> T4, free	Once
<input type="checkbox"/> Uric acid	Once
<input type="checkbox"/> Urine drugs of abuse screen	Once
<input type="checkbox"/> Other	

Cardiac Enzymes

<input type="checkbox"/> Troponin I : STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I : Now and every 6 hours x 2	Now then every 6 hours For 2 Occurrences
<input type="checkbox"/> Troponin I : Now and every 8 hours x 2	Now then every 8 hours For 2 Occurrences
<input type="checkbox"/> Other	

Microbiology

<input type="checkbox"/> Blood culture x 2	"And" Linked Panel
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.
<input type="checkbox"/> Urine culture screen	Once, Urine
<input type="checkbox"/> Sputum culture	Once, Sputum

Other

Labs Tomorrow

Hematology/Coagulation Tomorrow

<input type="checkbox"/> CBC	AM draw For 1 Occurrences
<input type="checkbox"/> CBC with differential	AM draw For 1 Occurrences
<input type="checkbox"/> Prothrombin time with INR	AM draw For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time	AM draw For 1 Occurrences
<input type="checkbox"/> Other	

Chemistry Tomorrow

<input type="checkbox"/> Albumin	AM draw For 1 Occurrences
<input type="checkbox"/> Amylase	AM draw For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	AM draw For 1 Occurrences
<input type="checkbox"/> B-type natriuretic peptide	AM draw For 1 Occurrences
<input type="checkbox"/> CK total	AM draw For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	AM draw For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	AM draw For 1 Occurrences
<input type="checkbox"/> Lactic acid level	AM draw For 1 Occurrences
<input type="checkbox"/> Lipase	AM draw For 1 Occurrences
<input type="checkbox"/> Lipid panel	AM draw For 1 Occurrences
<input type="checkbox"/> Magnesium	AM draw For 1 Occurrences
<input type="checkbox"/> Phosphorus	AM draw For 1 Occurrences
<input type="checkbox"/> Prealbumin	AM draw For 1 Occurrences
<input type="checkbox"/> TSH	AM draw For 1 Occurrences
<input type="checkbox"/> T4, free	AM draw For 1 Occurrences
<input type="checkbox"/> Uric acid	AM draw For 1 Occurrences
<input type="checkbox"/> Urine drugs of abuse screen	Once, Starting S+1
<input type="checkbox"/> Other	

Cardiology

Cardiology

<input type="checkbox"/> Myocardial perfusion stress test	Routine, 1 time imaging Must order Stress Test ECG Only order in conjunction.
<input type="checkbox"/> Stress test ECG only	Routine, Once
<input type="checkbox"/> ECG 12 lead - Routine	Routine, Once Clinical Indications: Chest Pain Interpreting Physician:
<input type="checkbox"/> ECG 12 lead - STAT	STAT, Once Clinical Indications: Chest Pain Interpreting Physician:
<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging
<input type="checkbox"/> Other	

Imaging

MRI/MRA

<input type="checkbox"/> MRI Brain Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> MRI Brain W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> MRI Brain W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> MRA Head Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> MRA Head W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> MRA Head W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> MRA Neck Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> MRA Neck W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> MRA Neck W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> Other	

CT

<input type="checkbox"/>	CT Head Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Head W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Head W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Chest Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Abdomen W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Abdomen Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Pelvis W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Pelvis Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	CT Sinus Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	Other	

X-Ray

<input type="checkbox"/>	Chest 1 Vw Portable	Routine, 1 time imaging For 1
<input type="checkbox"/>	Chest 1 Vw Portable	STAT, 1 time imaging For 1 Occurrences
<input type="checkbox"/>	Chest 2 Vw	Routine, 1 time imaging For 1
<input type="checkbox"/>	Chest 2 Vw	STAT, 1 time imaging For 1 Occurrences
<input type="checkbox"/>	KUB Kidney Ureter Bladder	Routine, 1 time imaging For 1
<input type="checkbox"/>	KUB Kidney Ureter Bladder	STAT, 1 time imaging For 1
<input type="checkbox"/>	Abdomen 2 Vw Ap W Upright And/Or Decubitus	Routine, 1 time imaging For 1
<input type="checkbox"/>	Abdomen 2 Vw Ap W Upright And/Or Decubitus	STAT, 1 time imaging For 1
<input type="checkbox"/>	Other	

Ultrasound

<input type="checkbox"/>	US Abdomen Complete	Routine, 1 time imaging For 1
<input type="checkbox"/>	US Gallbladder	Routine, 1 time imaging For 1
<input type="checkbox"/>	US Renal	Routine, 1 time imaging For 1
<input type="checkbox"/>	US Pelvis Complete	Routine, 1 time imaging For 1
<input type="checkbox"/>	US Pelvic Non Ob Limited	Routine, 1 time imaging For 1
<input type="checkbox"/>	US Pelvic Transvaginal	Routine, 1 time imaging For 1
<input type="checkbox"/>	US Carotid Doppler Bilateral	Routine, 1 time imaging For 1
<input type="checkbox"/>	USPV Arterial Upper Extremity Bilateral	Routine, 1 time imaging For 1
<input type="checkbox"/>	USPV Arterial Lower Extremity Bilateral	Routine, 1 time imaging For 1
<input type="checkbox"/>	USPV Venous Lower Extremity Bilateral	Routine, 1 time imaging For 1
<input type="checkbox"/>	Other	

Respiratory

Respiratory

<input type="checkbox"/>	Oxygen therapy - NC 2 Lpm	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: 2 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Hypoxemia Device 2: Device 3: Indications for O2 therapy:
<input type="checkbox"/>	Other	

Consults

Ancillary Consults

<input type="checkbox"/>	Consult to Case Management	Consult Reason:
<input type="checkbox"/>	Consult to Social Work	Reason for Consult:
<input type="checkbox"/>	Consult PT eval and treat	Special Instructions: Weight Bearing Status:

<input type="checkbox"/> Consult PT wound care	Routine, Once Special Instructions: Location of Wound?
<input type="checkbox"/> Consult OT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult?
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for SLP?
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?
<input type="checkbox"/> Other	

Physician Signature _____ Date _____