

General

Common Present on Admission Diagnosis

[] Acidosis	Details
[] Acute Post-Hemorrhagic Anemia	Details
[] Acute Renal Failure	Details
[] Acute Respiratory Failure	Details
[] Acute Thromboembolism of Deep Veins of Lower Extremities	Details
[] Anemia	Details
[] Bacteremia	Details
[] Bipolar disorder, unspecified	Details
[] Cardiac Arrest	Details
[] Cardiac Dysrhythmia	Details
[] Cardiogenic Shock	Details
[] Decubitus Ulcer	Details
[] Dementia in Conditions Classified Elsewhere	Details
[] Disorder of Liver	Details
[] Electrolyte and Fluid Disorder	Details
[] Intestinal Infection due to Clostridium Difficile	Details
[] Methicillin Resistant Staphylococcus Aureus Infection	Details
[] Obstructive Chronic Bronchitis with Exacerbation	Details
[] Other Alteration of Consciousness	Details
[] Other and Unspecified Coagulation Defects	Details
[] Other Pulmonary Embolism and Infarction	Details
[] Phlebitis and Thrombophlebitis	Details
[] Protein-calorie Malnutrition	Details
[] Psychosis, unspecified psychosis type	Details
[] Schizophrenia Disorder	Details
[] Sepsis	Details
[] Septic Shock	Details
[] Septicemia	Details
[] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
[] Urinary Tract Infection, Site Not Specified	Details

Admission or Observation (Single Response)

() Admit to inpatient	Diagnosis: Admitting 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.
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() Admit to IP- University Teaching Service	<p>Diagnosis: Admitting 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 University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.</p>
() Outpatient observation services under general supervision	<p>Diagnosis: Admitting Physician: Patient Condition: Bed request comments:</p>
() UTS - Outpatient observation services under general supervision	<p>Diagnosis: Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.</p>
() Outpatient in a bed - extended recovery	<p>Diagnosis: Admitting Physician: Bed request comments:</p>

Admission or Observation (Single Response)

Patient has active status order on file

() Admit to inpatient	<p>Diagnosis: Admitting 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.</p>
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Admission (Single Response)

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Admission or Observation (Single Response)

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() Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
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Code Status

<input type="checkbox"/> Full code	Code Status decision reached by:
<input type="checkbox"/> DNR	
<input type="checkbox"/> DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Modified Code	Does patient have decision-making capacity? Modified Code restrictions:
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:

Isolation - TB Precautions

<input type="checkbox"/> Airborne isolation status	Clinical Indications: TB Precautions
<input type="checkbox"/> Droplet isolation status	Details

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:

Nursing

Vital Signs

<input checked="" type="checkbox"/> Vital Signs-Per unit Protocol	Routine, Per unit protocol "And" Linked Panel
<input type="checkbox"/> Telemetry	

<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
<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): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94

Activity

<input checked="" type="checkbox"/> Activity (specify)	Routine, Until discontinued, Starting S Specify: Activity as tolerated
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Nursing

<input type="checkbox"/> Intake and output	Routine, Every 8 hours
<input checked="" type="checkbox"/> Pneumococcal and influenza vaccine	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Pneumonia Core Measure	Routine, Until discontinued, Starting S Pneumonia Core Measure requires the first dose of an antibiotic to be administered within 6 hours of admission. If patient does not have IV access AFTER 4 hours of admission, please page MD / NP and recommend: A.) Ceftriaxone 1000mg IM reconstituted with 2.1 mL of lidocaine 1% without epinephrine PLUS Azithromycin 500mg PO STAT OR B.) Levofloxacin 750mg PO STAT OR C.) Moxifloxacin 400mg PO STAT. IV antibiotic regimen will be resumed for the next scheduled dose.
<input type="checkbox"/> Tobacco cessation education	Routine, Once If patient is a current smoker or has smoked in the past 12 months.

Diet

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

IV Fluids

Medications

All doses are for patients with normal renal function.

PPD Skin Test

<input type="checkbox"/> tuberculin injection	5 Units, intradermal, once, For 1 Doses
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Antipyretics (Single Response)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, every 4 hours PRN, fever, Fever GREATER than 100.5 F
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() ibuprofen (MOTRIN) tablet	400 mg, oral, every 4 hours PRN, fever, Fever GREATER than 100.5 F
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Respiratory

[] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 4 hours PRN, wheezing Aerosol Delivery Device:
[] ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 4 hours PRN, wheezing, shortness of breath Aerosol Delivery Device:

Antitussives (Single Response)

() guaIFENesin (MUCINEX) 12 hr tablet	1,200 mg, oral, every 12 hours PRN, cough
() dextromethorphan-guaifenesin (ROBITUSSIN-DM) 10-100 mg/5 mL liquid	10 mL, oral, every 12 hours PRN, cough
() benzonatate (TESSALON) capsule	200 mg, oral, every 8 hours PRN, cough

Antibacterials for Community-Acquired Pneumonia

All doses are for patients with normal renal function.

Empiric Antibacterial Therapy for Mild to Moderate (Non-ICU) Pneumonia (Single Response)

Recommended: Beta-lactam plus a macrolide or fluoroquinolone monotherapy

() Antibacterial Combination: CefTRIAxone 1 gram plus Azithromycin 500 mg	"And" Linked Panel
[] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication:
[] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours, For 5 Days Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication:
() Alternative: levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Type of Therapy:

Empiric Antibacterial Therapy for Severe (ICU) Pneumonia (Single Response)

Recommended: A beta-lactam plus either azithromycin or a fluoroquinolone.

() Antibacterial Combination: CefTRIAxone 1 gram plus Azithromycin 500 mg	"And" Linked Panel
[] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours Reason for Therapy:
[] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours, For 5 Days Reason for Therapy:
() Alternative: Ceftriaxone 1 gram plus Levofloxacin 750 mg	"And" Linked Panel
[] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours Reason for Therapy:
[] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Reason for Therapy:

Empiric Antibacterial Therapy for Suspected Pseudomonal Pneumonia (Single Response)

If Pseudomonas is a consideration, choose one of the following:

? Antipneumococcal, antipseudomonal beta-lactam PLUS an antipseudomonal fluoroquinolone

() Recommendation: piperacillin-tazobactam (ZOSYN) IV 4.5 gm plus levofloxacin (LEVAQUIN) IV 750 mg	"And" Linked Panel
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[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours Reason for Therapy:
[] levofloxacin (LEVAQUIN) 750 mg/150 mL IVPB	750 mg, intravenous, for 90 Minutes, every 24 hours Reason for Therapy:
() Alternative: cefepime (MAXIPIME) IV 1 gm plus levofloxacin (LEVAQUIN) IV 750 mg	"And" Linked Panel
[] cefepime (MAXIPIME) IV	1 g, intravenous, every 8 hours Reason for Therapy:
[] levofloxacin (LEVAQUIN) 750 mg/150 mL IVPB	750 mg, intravenous, for 90 Minutes, every 24 hours Reason for Therapy:
() Alternative: piperacillin-tazobactam (ZOSYN) IV 4.5 gm plus tobramycin (NEBCIN) IV 5 mg/kg plus azithromycin (ZITHROMAX) IV 500 mg	"And" Linked Panel
[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours Reason for Therapy:
[] tobramycin (nebcin) IVPB	5 mg/kg, intravenous, every 24 hours Reason for Therapy:
[] azithromycin (ZITHROMAX)	500 mg, intravenous, for 60 Minutes, every 24 hours, For 5 Days Reason for Therapy:
() Alternative: cefepime (MAXIPIME) IV 1 gm plus tobramycin (NEBCIN) IV 5 mg/kg plus azithromycin (ZITHROMAX) IV 500 mg	"And" Linked Panel
[] cefepime (MAXIPIME) IV	1 g, intravenous, every 8 hours Reason for Therapy:
[] tobramycin (nebcin) IVPB	5 mg/kg, intravenous, every 24 hours Reason for Therapy:
[] azithromycin (ZITHROMAX)	500 mg, intravenous, for 60 Minutes, every 24 hours, For 5 Days Reason for Therapy:

Antibacterials for Community-Acquired Pneumonia: If Penicillin Allergy

Penicillin Allergic: Empiric Antibacterial Therapy for Mild to Moderate (Non-ICU) Pneumonia (Single Response)
Recommended: fluoroquinolone monotherapy

() Alternative: levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication:
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Penicillin Allergic: Empiric Antibacterial Therapy for Severe (ICU) Pneumonia (Single Response)
Recommended: a fluoroquinolone plus aztreonam

() Recommendation: levofloxacin (LEVAQUIN) 750 mg IV plus aztreonam (AZACTAM) 2 gram IV	"And" Linked Panel
[] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Reason for Therapy:
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Reason for Therapy:

Penicillin Allergic: Empiric Antibacterial Therapy for Suspected Pseudomonal Pneumonia (Single Response)
If Pseudomonas is a consideration, choose the following:
? antipseudomonal fluoroquinolone plus aztreonam plus tobramycin

() Recommendation: levofloxacin (LEVAQUIN) 750 mg IV plus aztreonam (AZACTAM) 2 gram IV + tobramycin 5 mg/kg IV	"And" Linked Panel
[] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Reason for Therapy:

<input type="checkbox"/> aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Reason for Therapy:
<input type="checkbox"/> tobramycin (NEBCIN) 5 mg/kg in sodium chloride 0.9 % 100 mL IVPB	5 mg/kg, intravenous, for 60 Minutes, every 24 hours [tobramycin]Reason for Therapy:

Antibacterials for Community-Acquired Pneumonia: If NO IV Access

If patient does NOT have IV access after 4 hours of admission.

Antibiotics For NO IV Access (Single Response)

<input type="checkbox"/> cefTRIAxone with lidocaine (ROCEPHIN) 1 gram IM and azithromycin (ZITHROMAX) 500 mg Oral	"And" Linked Panel
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) 1 g in lidocaine (XYLOCAINE) 1% IM only syringe	1 g, intramuscular, once, For 1 Doses Reconstitute with 2.1 mL of lidocaine 1% without epinephrine. Total volume after reconstitution = 2.9 mL and delivers 1 gram of ceftriaxone.
<input type="checkbox"/> azithromycin (ZITHROMAX) tablet	500 mg, oral, once, For 1 Doses Reason for Therapy:
<input type="checkbox"/> levofloxacin (LEVAQUIN) tablet	750 mg, oral, once, For 1 Doses Reason for Therapy:

If MRSA Suspected:

If MRSA Suspected (Single Response)

If MRSA is suspected add vancomycin or linezolid.

<input type="checkbox"/> vancomycin (VANCOVIN) IV	15 mg/kg, intravenous, once, For 1 Doses Type of Therapy:
<input type="checkbox"/> linezolid (ZYVOX) infusion	600 mg, intravenous, for 60 Minutes, every 12 hours Reason for Therapy:

VTE

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

<input type="checkbox"/> Low Risk of DVT	
<input type="checkbox"/> Low Risk (Single Response)	
<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 of DVT - Surgical	

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

<input type="checkbox"/> Moderate Risk	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() 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:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
() 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 CrCl 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 (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
() Moderate Risk of DVT - Non-Surgical	

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

Moderate Risk

<input type="checkbox"/> Moderate risk of VTE	Routine, Once
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() 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:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
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() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
() High Risk of DVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.	
[] High Risk	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() 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:

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() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
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() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
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() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
() High Risk of DVT - Non-Surgical	Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
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() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
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() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
() High Risk of DVT - Surgical (Hip/Knee)	Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
() 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:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe - hip arthroplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1

() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER 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 CrCl 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. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

() Low Risk of DVT

[] Low Risk (Single Response)

() Low risk of VTE

Routine, Once

Low risk: Due to low risk, no VTE prophylaxis is needed.
Will encourage early ambulation

() Moderate Risk of DVT - Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[] Moderate Risk

[] Moderate risk of VTE

Routine, Once

[] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)

() 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:

() Contraindications exist for pharmacologic prophylaxis

Routine, Once

No pharmacologic VTE prophylaxis due to the following contraindication(s):

() enoxaparin (LOVENOX) injection (Single Response)

() enoxaparin (LOVENOX) syringe

40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1

() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min

30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1

For Patients with CrCL LESS than 30 mL/min

() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1

For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1

For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

() 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 CrCl 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 (COUMADIN)	STAT, Until discontinued, Starting S Indication:

() Moderate Risk of DVT - Non-Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

<input type="checkbox"/> Moderate Risk	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() 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:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER 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 CrCl 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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

() High Risk of DVT - Surgical

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

<input type="checkbox"/> High Risk	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	

() 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:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER 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 CrCl 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 (COUMADIN)	STAT, Until discontinued, Starting S Indication:

() High Risk of DVT - Non-Surgical

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[] High Risk	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() 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:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical) For Patients weight 140 kg or GREATER and CrCl GREATER 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 CrCl 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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

() High Risk of DVT - Surgical (Hip/Knee)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

<input type="checkbox"/> High Risk	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
() 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:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe - hip arthroplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER 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 CrCl 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. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

() Low Risk of DVT

[] Low Risk (Single Response)

() Low risk of VTE

Routine, Once

Low risk: Due to low risk, no VTE prophylaxis is needed.
Will encourage early ambulation

() Moderate Risk of DVT - Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[] Moderate Risk

[] Moderate risk of VTE

Routine, Once

[] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)

() 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:

() Contraindications exist for pharmacologic prophylaxis

Routine, Once

No pharmacologic VTE prophylaxis due to the following contraindication(s):

() enoxaparin (LOVENOX) injection (Single Response)

() enoxaparin (LOVENOX) syringe

40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1

() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min

30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1

For Patients with CrCL LESS than 30 mL/min

() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
() 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 CrCl 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 (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
() Moderate Risk of DVT - Non-Surgical	Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.
[] Moderate Risk	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() 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:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
() enoxaparin (LOVENOX) syringe - For Patients with CrCl LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCl LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER 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 CrCl 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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> Place antiembolic stockings	Routine, Once
() High Risk of DVT - Surgical	Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
<input type="checkbox"/> High Risk	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() 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:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCl LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCl LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER 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 CrCl 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 (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> Place antiembolic stockings	Routine, Once
() High Risk of DVT - Non-Surgical	Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
<input type="checkbox"/> High Risk	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() 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:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
() enoxaparin (LOVENOX) syringe - For Patients with CrCl LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCl LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER 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 CrCl LESS than 30 mL/min.
() 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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> Place antiembolic stockings	Routine, Once
() High Risk of DVT - Surgical (Hip/Knee)	Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
<input type="checkbox"/> High Risk	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
() 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:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe - hip arthroplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER 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 CrCl 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. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once

Labs

Hematology/Coagulation

[] CBC with differential - STAT	STAT For 1 Occurrences
[] CBC with differential	Once
[] Prothrombin time with INR	Once
[] D-dimer, quantitative	Once

Chemistry - HMH

[] Basic metabolic panel	Once
[] Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
[] Comprehensive metabolic panel	Once
[X] Influenza antigen	STAT For 1 Occurrences
[] Blood gas, arterial - STAT	STAT For 1 Occurrences
[] HIV Ag/Ab combination	Once
[] Cardiac Labs with Repeat	
[] Troponin I - STAT	STAT For 1 Occurrences
[] Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
[] Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
[] Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
[] Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
[] Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.

<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.
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Chemistry - HMSL/HMW

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Influenza antigen	Once For 1 Occurrences
<input type="checkbox"/> Blood gas, arterial - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Rapid HIV 1 & 2	Once
<input type="checkbox"/> Cardiac Labs with Repeat	
<input type="checkbox"/> Troponin I - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.

Chemistry - HMSTJ, HMTW, HMSJ, HMWB

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Influenza antigen	Once For 1 Occurrences
<input type="checkbox"/> Blood gas, arterial - STAT	STAT For 1 Occurrences
<input type="checkbox"/> HIV 1, 2 antibody	Once
<input type="checkbox"/> Cardiac Labs with Repeat	
<input type="checkbox"/> Troponin I - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.

Urine

<input type="checkbox"/> Streptococcus pneumoniae urinary antigen	Once, Urine
<input type="checkbox"/> Legionella antigen, urine	Once, Urine

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, please call the lab for assistance; 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, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/> Sputum culture	Once, Sputum C&S; Gram Stain is included in the Sputum Culture. Do not wait to give antibiotics if there is any delay in obtaining a sputum sample.
<input type="checkbox"/> Fungus culture	Once
<input type="checkbox"/> AFB stain	Once, Sputum
<input type="checkbox"/> AFB culture	Once, Sputum

Cardiology

12-Lead ECG

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Shortness of Breath Interpreting Physician:
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Imaging

Diagnostic CT

<input type="checkbox"/> CT Chest Wo Contrast	Routine, 1 time imaging For 1
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Diagnostic X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging For 1
<input type="checkbox"/> Chest 2 Vw	STAT, 1 time imaging For 1

Other Studies

Respiratory

Consults

For Physician Consult orders use sidebar

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	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? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?

Meaningful Use Quality and Core Measures for Pneumonia

Pneumonia Evidence Seen on Chest X-Ray

Measure PN-6 requires that findings of pneumonia on a chest X-ray be documented. Select this order if there is such evidence.

<input type="checkbox"/> Pneumonia finding in chest x-ray	Routine, Once For 1 Occurrences
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Pneumonia Antibiotic Choice

Measure PN-6 requires that one or more of the following exceptions be documented if an antimicrobial therapy regimen other than the recommended empiric therapy is ordered. Select all that apply.

<input type="checkbox"/> The patient is immunocompromised	Routine, Once For 1 Occurrences
<input type="checkbox"/> The patient is at risk for Pseudomonal infection	Routine, Once For 1 Occurrences
<input type="checkbox"/> There is an additional suspected source of infection	Routine, Once For 1 Occurrences

Comfort Measures

Patients are excluded from the measures if receiving comfort measures only (palliative care) on or before hospital day one. Select the order if this applies to this patient.

<input type="checkbox"/> Comfort measures only	Routine, Once
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Additional Orders
