Pulmonary Embolism Admission [1286]

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	Details
Extremities	
] 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	Details
Mention of Complication, Not Stated as Uncontrolled	
Urinary Tract Infection, Site Not Specified	Details
dmission or Observation (Single Response)	
	Diagnosia
) Admit to Inpatient	Diagnosis:
	Admitting Physician: Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgmen
	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.
) Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
	Patient Condition:
	Bed request comments:
) Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
, culpation in a soal oxionada rocorory	Admitting i nysician.

() 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.
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
·	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:
Admission (Single Response)	
Patient has active status order on file.	
() 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.
Code Status	
[] Full code	Code Status decision reached by:
[]_DNR	
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order?
	Name of referring provider: Enter call back number:
Consult to Social Work	Reason for Consult:
Modified Code	Does patient have decision-making capacity?
[] Wodined Code	Modified Code restrictions:
Treatment Restrictions	Treatment Restriction decision reached by:
[] Treatment restrictions	Specify Treatment Restrictions:
Isolation	
Airborne isolation status	Details
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital signs	
[X] Vital signs - T/P/R/BP (per unit protocol)	Routine, Per unit protocol
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Telemetry	"And" Linked Panel
Telemetry Telemetry monitoring	Routine, Continuous
[] relementy monitoring	Order: Place in Centralized Telemetry Monitor: EKG
	Monitoring Only (Telemetry Box)
	Reason for telemetry: Chest pain syndrome
	Can be off of Telemetry for tests and baths? Yes
Telemetry Additional Setup Information	Routine, Continuous
[] Tolomotty Additional Cotap Information	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	
] Up ad lib	Routine, Until discontinued, Starting S
	Specify: Up ad lib
] Strict bed rest	Routine, Until discontinued, Starting S
] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bathroom privileges
Nursing Care	
] Daily weights	Routine, Daily
] Intake and Output Qshift	Routine, Every shift
] Nasogastric Tube Insert and Maintain	
[] Nasogastric tube insertion	Routine, Once
	Type:
[] Nasogastric tube maintenance	Routine, Until discontinued, Starting S
	Tube Care Orders:
] Insert and Maintain Foley	
[] Insert Foley catheter	Routine, Once
	Type:
	Size:
	Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S
	Orders: Maintain
Diet (Single Response)	
) NPO	Diet effective now, Starting S
•	NPO:
	Pre-Operative fasting options:
) Diet	Diet effective now, Starting S
•	Diet(s):
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
V Fluids	
Peripheral IV Access	
X] Initiate and maintain IV	
[X] Insert peripheral IV	Routine, Once
[X] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[X] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
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IV Bolus (Single Response)	
() sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
() sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
() lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
() lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
	, ,
Maintenance IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous
<u> </u>	
Medications	
Low Molecular Weight Heparins	
[] enoxaparin (LOVENOX) injection (Single Response)	
() CrCl greater than or equal to 30 mL/min	1 mg/kg, subcutaneous, 2 times daily at 0600, 1800 (time critical)
() CrCl less than 30 mL/min	1 mg/kg, subcutaneous, daily at 1700 (time critical)
Vitamin K Antagonists (Single Response)	
() warfarin (COUMADIN) with consult and labs	
[] warfarin (COUMADIN) tablet	oral, once, S at 5:00 PM, For 1 Doses Indication:
[] Pharmacy consult to manage warfarin (COUMADIN)	Routine, Until discontinued, Starting S Indication:
Prothrombin Time/INR STAT	STAT, Starting S For 1 Occurrences
Prothrombin Time/INR AM Draw	AM draw, Starting S+1 For 1 Occurrences
Prothrombin Time/INR every 72 hours	Every 72 hours, Starting S+1
() warfarin (COUMADIN) with consult and labs	
[] warfarin (COUMADIN) tablet	oral, once, S at 5:00 PM, For 1 Doses Indication:
[] Pharmacy consult to manage warfarin (COUMADIN)	Routine, Until discontinued, Starting S Indication:
[] Prothrombin Time/INR STAT	STAT, Starting S For 1 Occurrences
Prothrombin Time/INR every 72 hours	Every 72 hours, Starting S+1
() warfarin (COUMADIN) with labs	
[] warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
Prothrombin Time/INR STAT	STAT, Starting S For 1 Occurrences
Prothrombin Time/INR AM Draw	AM draw, Starting S+1 For 1 Occurrences
Prothrombin Time/INR every 72 hours	Every 72 hours, Starting S+1
() warfarin (COUMADIN) with labs	
[] warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
7 Prothrombin Time/INR STAT	STAT, Starting S For 1 Occurrences
[] Prothrombin Time/INR every 7 days	Weekly, Starting S+1
	viconly, claiming of i
Heparin (Single Response)	

Routine, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa

() Pharmacy to dose heparin

() heparin infusion 50 units/mL in dextrose 5%	intravenous, continuous Indication: Therapeutic Monitoring Target:
Direct Xa Inhibitors (Single Response)	
() rivaroxaban (XARELTO) initial therapy and maintenance	"And" Linked Panel
[] rivaroxaban (XARELTO) tablet	15 mg, oral, 2 times daily at 0900, 1700 (time critical), For 21 Days Indications: DVT/PE
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indication:
[] rivaroxaban (XARELTO) tablet	20 mg, oral, daily at 1700 (time critical), Starting H+504 Hours Indications: DVT/PE
() apixaban (ELIQUIS) initial therapy and maintenance	"And" Linked Panel
[] apixaban (ELIQUIS) tablet	10 mg, oral, 2 times daily, For 7 Days Indications: DVT/PE
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S
[] apixaban (ELIQUIS) tablet	5 mg, oral, 2 times daily, Starting S+7 Indications: DVT/PE
() dabigatran (PRADAXA) therapy - after 5 days of parenteral anticoagulation	"And" Linked Panel
[] dabigatran etexilate (PRADAXA) capsule	150 mg, oral, 2 times daily Indications: DVT/PE
[] Pharmacy consult to monitor dabigatran (PRADAXA) therapy	STAT, Until discontinued, Starting S
Antipyretics	
PRN Fever - acetaminophen (TYLENOL) oral OR rectal	"Or" Linked Panel
[] acetaminophen (TYLENOL) tablet	325 mg, oral, every 4 hours PRN, fever
[] acetaminophen (TYLENOL) suppository	325 mg, rectal, every 4 hours PRN, fever
Stress Ulcer Prophylaxis Agents	
[] sucralfate (CARAFATE) tablet	1 g, oral, 4 times daily before meals and nightly Take 1 hour before or 2 hours after meals.

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

() 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 encourgae early ambulation
) Moderate Risk of DVT - Surgical	
Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
[] 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.	o magazina a a a a a a a a a a a a a a a a a a	
[] 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	
() communication of the production production production	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	
	\$	
() enoxaparin (LOVENOX) syringe - For Patients with CrCL	30 mg, subcutaneous, daily at 1700 (time critical), Starting	
LESS than 30 mL/min	S For Potionto with CrCL LESS than 20 ml/min	
() enoxaparin (LOVENOX) syringe - For Patients weight	For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S	
between 100-139 kg and CrCl GREATER than 30	For Patients weight between 100-139 kg and CrCl	
mL/min	GREATER than 30 mL/min	
() enoxaparin (LOVENOX) syringe - For Patients weight	40 mg, subcutaneous, 2 times daily, Starting S	
140 kg or GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl	
mL/min	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	5,000 Units, subcutaneous, every 12 hours	
with high risk of bleeding, e.g. weight < 50kg and age >	Recommended for patients with high risk of bleeding, e.g.	
75yrs) () warfarin (COUMADIN) tablet	weight LESS than 50kg and age GREATER than 75yrs. oral, daily at 1700 (time critical)	
() Warranin (GOOWADIN) tablet	Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S	
() Tharmasy contain to manage manami (cocimitem)	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	Routine, Continuous	
continuous	WA or JU I Solve d December	
() Place sequential compression device and antiembolic	"And" Linked Panel	
stockings [] Place/Maintain sequential compression device	Routine, Continuous	
continuous	Houtine, Continuous	
Place antiembolic stockings	Routine, Once	
() High Risk of DVT - Surgical	,	
Address both pharmacologic and mechanical prophylaxis by or	dering 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:
() 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:
[] 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 - Non-Surgical Address both pharmacologic and mechanical prophylaxis by ord	dering 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 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
()		40 mg, subcutaneous, 2 times daily, Starting S
()	140 kg or GREATER and CrCl GREATER than 30 mL/min	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:
	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
٠,,	Place sequential compression device and antiembolic stockings	"And" Linked Panel
[]	continuous	Routine, Continuous
[]	Place antiembolic stockings	Routine, Once
	h Risk of DVT - Surgical (Hip/Knee) dress both pharmacologic and mechanical prophylaxis by ore	dering from Pharmacological and Mechanical Prophylaxis.
	ligh Risk	
	High risk of VTE	Routine, Once
[] L	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:
()		No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
()	Patient is currently receiving therapeutic anticoagulation	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following
()	Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1
() () () ()	Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications:

() enoxaparin (LOVENOX) syringe - hip arthoplasty	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

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 encourgae early ambulation
() Moderate Risk of DVT - Surgical	
Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated.	wing. Mechanical prophylaxis is optional unless
[] 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 >	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
75yrs)	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	TIGIOGLIOTI.
Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
[] 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+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	30 mg, subcutaneous, every 12 hours at 0900, 2100 (time
between 100-139 kg and CrCl GREATER than 30 mL/min	critical), Starting S+1 For Patients weight between 100-139 kg and CrCl
() enoxaparin (LOVENOX) syringe - For Patients weight	GREATER than 30 mL/min 40 mg, subcutaneous, every 12 hours at 0900, 2100 (time
140 kg or GREATER and CrCl GREATER than 30 mL/min	critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl
() fondanarinus (ADIVTRA) injection	GREATER than 30 mL/min 2.5 mg, subcutaneous, daily
() fondaparinux (ARIXTRA) injection	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	moroadom
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
High Risk	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	

() Contraindications exist for pharmacologic prophylaxis No pharmacologic VTE prophylaxis due to the following contraindication(s): () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - 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 () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight of Patients weight and Patients Patients weight and Patients Patients weight and Patients Patients weight and Patients Patie	() 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:
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - 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 () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g., weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () High Risk of DVT - Non-Surgical Address both pharmacological and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis because: patient is already on therapeutic anticoagulation on Links (CL LESS than 30 mL/min) () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 2.5 mg, subcutaneous, cally at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min 3.0 mg, subcutaneous, cally at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min 3.0 mg, subcutaneous, cally at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min 4.0 mg, subcutaneous, cally at 0600, 1800 (time critical), Starting S+1 For Patients weight to CrCL LESS than 30 mL/min 3.0 mg, subcutaneous, cally at 0600, 1800 (time critical), Starting S+1 For Patients weight to CrCL LESS than 30 mL/min 3.0 mg, subcutaneous, cally at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 For Patients weight between 100-139 kg and CrCl GREATER than 30 For Patients weight between 100-139 kg and CrCl GREATER than 30 For Patients weight between 100-139 kg and CrCl GREATER than 30 For Patients w	() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
() enoxaparin (LOVENOX) syringe - 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 () enoxaparin (LOVENOX) syringe - 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 () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () Platient is currently receiving therapeutic anticoagulation () Patient is currently receiving therapeutic anticoagulation () enoxaparin (LOVENOX) syringe - For Patients weight CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight control (COUMADIX) yringe - For Patients weight control (COUMADIX) signinge - For Patients weight control (COUMADIX) on much a since the control (COUMADIX) signinge - For Patients weight control (COUMADIX) on much a since the control (COUMADIX) signinge - For Patients weight control (COUMADIX) on much a since the control (COUMADIX) on much a since the control (COUMADIX) signinge - For Patients weight control (COUMADIX) on much a since the control (COUMADIX) signinge - For Patients weight control (COUMADIX) on much a since the control (COUMADIX) signinge - For Patients weight control (COUMADIX) on much a since the control (COUMADIX) signinge - For Patients weight control (COUMADIX) on much a since the control (COUMADIX) signinge - For Patients weight control (COUMADIX) on much a since the control (COUMADIX) on much a since the control (COUMADIX) signinge - For Patients weight control (COUMADIX) on much a since the control (COUMADIX) signinge - For Patients weight control (COUMADIX) signinge - For Patients weight		
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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 () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () High Risk of DVT - Non-Surgical Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. () Patient is currently receiving therapeutic anticoagulation () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min To Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 11 fthe patient lose on to have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. oral, daily at 1700 (time critical), Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis - Non-Surgical Patient (Single Response) () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min		S+1
140 kg or GREATER and CrCl GREATER than 30 mL/min For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Contraindications exist for pharmacologic prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindication (Single Response) O enoxaparin (LOVENOX) syringe O mg, subcutaneous, daily, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Contraindication pt starting S+1 If the patient todes 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. 2.5 mg, subcutaneous, every 12 hours, S+1 at 6:00 AM Single Response O may be subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) O may be 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. Oral, daily at 1700 (time critical), Starting S+1 Indication: STAT, Until discontinued, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: STAT, Until discontinued, Starting S Indication: O may be subcutaneous, every 12 hours at optical patient (Single Response) O moxaparin (LOVENOX) injection (Single Response) O moxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min O moxaparin (LOVENOX) syringe For Patients with CrCL LESS than 30 mL/min O moxaparin (LOVENOX) syringe For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min O moxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min O moxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER and 10 mL/min O moxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min O moxaparin (LOVENOX) syr	between 100-139 kg and CrCl GREATER than 30	critical), Starting S+1 For Patients weight between 100-139 kg and CrCl
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 CrCI LESS than 30M_min. () heparin (porcine) injection	140 kg or GREATER and CrCl GREATER than 30	critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () High Risk of DVT - Non-Surgical Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. () High Risk of VTE () High Risk of VTE () High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl AM Recommended for patients 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 30 mL/min () AM Recommended for patients with high risk of bleeding, e.g. weight LeSS than 30 mL/min () AM Recommended for patients with high risk of bleeding, e.g. weight LeSS than 2000 Units, subcutaneous, every 12 hours at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LeSS than 30 mL/min () pharmacologic prophylaxis bleeding, e.g. weight LeSS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl	() fondaparinux (ARIXTRA) injection	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
with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 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 Pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe - 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 () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl	() heparin (porcine) injection	
Indication:	with high risk of bleeding, e.g. weight < 50kg and age >	AM Recommended for patients with high risk of bleeding, e.g.
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 [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - 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 () Evaluation (Single Response) (1) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl (2) Evaluation (Single Response) (3) mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min (4) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl	() warfarin (COUMADIN) tablet	
High Risk of DVT - Non-Surgical	() Pharmacy consult to manage warfarin (COUMADIN)	
High risk of VTE	Address both pharmacologic and mechanical prophylaxis by ord	dering from Pharmacological and Mechanical Prophylaxis.
High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)		Routine Once
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 () Enoxaparin (LOVENOX) injection (Single Response) () Enoxaparin (LOVENOX) syringe () Enoxaparin (LOVENOX) syringe () Enoxaparin (LOVENOX) syringe - 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 Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): () Enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS 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	[] High Risk Pharmacological Prophylaxis - Non-Surgical	Tiodine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s): () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe		No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
() enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily, Starting S+1 () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 50 mg, subcutaneous, daily, Starting S+1 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 30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl	() Contraindications exist for pharmacologic prophylaxis	No pharmacologic VTE prophylaxis due to the following
() enoxaparin (LOVENOX) syringe - 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, daily, Starting S+1 For Patients with CrCL LESS 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		
LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min For Patients with CrCL LESS 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		
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl		
	() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30	30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl

	OVENOX) syringe - For Patients weight EATER and CrCl GREATER than 30	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 (A	RIXTRA) 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	e) injection	5,000 Units, subcutaneous, every 8 hours
	e) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours
	bleeding, e.g. weight < 50kg and age >	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUM	IADIN) tablet	oral, daily at 1700 (time critical) Indication:
() Pharmacy cons	ult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() High Risk of DVT - 3	Surgical (Hip/Knee)	
		dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk		
[] High risk of VTE		Routine, Once
	acological Prophylaxis - Hip or Knee rgical Patient (Single Response)	
() Patient is currer	ntly receiving therapeutic anticoagulation	Routine, Once
() Talloni lo carrol	ny roosin'ny tronapouto amiooagaianon	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindication	ns exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQ	UIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable	e tablet	162 mg, oral, daily, Starting S+1
	IN) enteric coated tablet	162 mg, oral, daily, Starting S+1
	VENOX) injection (Single Response)	102 mg, oral, daily, claring of t
`	OVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
	OVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
	OVENOX) syringe - For Patients with CrCL 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.
	OVENOX) syringe - For Patients weight 39 kg and CrCl GREATER than 30	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.
140 kg or GRE mL/min	OVENOX) syringe - For Patients weight EATER and CrCl GREATER than 30	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 (A	RIXTRA) 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 >	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	75yrs)	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 encourgae early ambulation
() Moderate Risk of DVT - Surgical	
Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated.	wing. Mechanical prophylaxis is optional unless
[] 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

	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
	mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time
	140 kg or GREATER and CrCl GREATER than 30	critical), Starting S+1
	mL/min	For Patient weight of 140 kg or GREATER and CrCl
		GREATER than 30 mL/min
() fo	ondaparinux (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):
() h	neparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() h	neparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00
V	with high risk of bleeding, e.g. weight < 50kg and age >	AM
7	75yrs)	Recommended for patients with high risk of bleeding, e.g.
		weight LESS than 50kg and age GREATER than 75yrs.
() v	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1
		Indication:
() F	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
		Indication:
	echanical Prophylaxis (Single Response)	
() (Contraindications exist for mechanical prophylaxis	Routine, Once
		No mechanical VTE prophylaxis due to the following
		contraindication(s):
C	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
	erate Risk of DVT - Non-Surgical	
	2	
Addr	ress pharmacologic prophylaxis by selecting one of the follomacologic prophylaxis is contraindicated.	wing. Mechanical prophylaxis is optional unless
Addrophari	ress pharmacologic prophylaxis by selecting one of the follomacologic prophylaxis is contraindicated. oderate Risk	
Addropharr	ress pharmacologic prophylaxis by selecting one of the follomacologic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE	wing. Mechanical prophylaxis is optional unless Routine, Once
Addropharro	ress pharmacologic prophylaxis by selecting one of the follomacologic prophylaxis is contraindicated. oderate Risk	
Addropharr	ress pharmacologic prophylaxis by selecting one of the follogic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis -	
Addropharr	ress pharmacologic prophylaxis by selecting one of the follogic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response)	Routine, Once
Addropharr	ress pharmacologic prophylaxis by selecting one of the follogic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is
Addropharr	ress pharmacologic prophylaxis by selecting one of the follogic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is
Addrophari	ress pharmacologic prophylaxis by selecting one of the follogic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Addrophari	ress pharmacologic prophylaxis by selecting one of the follogic macologic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Addropharrop	ress pharmacologic prophylaxis by selecting one of the follogic macologic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following
Addropharrop	ress pharmacologic prophylaxis by selecting one of the follogic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following
Addropharrop	ress pharmacologic prophylaxis by selecting one of the follogic macologic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starting
Addropharrop	ress pharmacologic prophylaxis by selecting one of the follogic macologic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starting S 30 mg, subcutaneous, daily at 1700 (time critical), Starting S
Addropharrop	ress pharmacologic prophylaxis by selecting one of the follogic macologic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starting S 30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
Addropharrop	ress pharmacologic prophylaxis by selecting one of the follogic macologic prophylaxis is contraindicated. oderate Risk Moderate risk of VTE oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starting S 30 mg, subcutaneous, daily at 1700 (time critical), Starting S

() 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:
[] 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 ord	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	Destina Ossa
[] 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:
() 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:
[] 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 - Non-Surgical	
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
The Little Dist	
[] High Risk	Dauting Once
[] 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 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 CrCI 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	5,000 Units, subcutaneous, every 12 hours
	with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	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:
[]	Mechanical Prophylaxis (Single Response)	
()	Contraindications exist for mechanical prophylaxis	Routine, Once
	Contramucations exist for mechanical propriyiaxis	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
[]		Routine, Continuous
		Douting Once
	Place antiembolic stockings	Routine, Once
	h Risk of DVT - Surgical (Hip/Knee)	
Add	dress both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
[1]	High Risk	
		Dead's a Orac
	High risk of VTE	
[] H		Routine, Once
	High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response)	noutine, Office
		Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
()	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:
(Arthroplasty) Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once
()	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: Routine, Once No pharmacologic VTE prophylaxis due to the following
()	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: Routine, Once
()	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	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: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1
()	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications:
()	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1
()	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications:
()	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
()	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
()	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Starting
()	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
()	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
()	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS 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
	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS 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.
	Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS 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

() 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	Once
<u> </u>	
Partial thromboplastin timeProthrombin time with INR	Once Once
	Office
Chemistry	
Basic metabolic panel	Once
Blood gas, arterial	Once
[] Comprehensive metabolic panel	Once
B-type natriuretic peptideD-dimer, quantitative	Once Once
Cardiac Enzymes	
Troponin I : STAT	STAT For 1 Occurrences
Troponin I: Now and every 6 hours x 2	Now then every 6 hours For 2 Occurrences
Troponin I: Now and every 8 hours x 2	Now then every 8 hours For 2 Occurrences
Microbiology	
[] Blood culture x 2	"And" Linked Panel
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.

[] 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 NEVEF be used.
[] Urinalysis screen and microscopy, with reflex to culture	Once
	Specimen Source: Urine Specimen Site:
[] Sputum culture	Once, Sputum
Cardiology	
Cardiology	
[] ECG 12 lead	Routine, Once
	Clinical Indications: Chest Pain
[] Echocardiogram complete w contrast and 3D if needed	Interpreting Physician:
Echocardiogram transesophageal	Routine, 1 time imaging Routine, 1 time imaging
[] Editodardiogram transcoophagedi	NPO 6 hours prior to exam
Imaging	
X-Ray	
[] Chest 2 Vw	Routine, 1 time imaging For 1
СТ	
[] CT Angiogram Pe Chest	Routine, 1 time imaging For 1
Ultrasound	
[] Pv duplex venous lower extremity - bilateral	Routine, 1 time imaging
[] Pv duplex venous upper extremity - bilateral	Routine, 1 time imaging
Nuclear Medicine	
[] NM Lung Ventilation Perfusion	Routine, 1 time imaging For 1
Other Studies	
Respiratory	
Respiratory	
[] Oxygen therapy	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:
	Contact MD if patient requires 5 liters or more.
[] Continuous Pulse Oximetry	Routine, Continuous
[] Pulse oximetry	Routine, Daily Current FIO2 or Room Air:
Rehab	
Consults	
Ancillary Consults	
[] Consult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:

[] Consult PT eval and treat	Special Instructions: Weight Bearing Status:
[] Consult PT wound care	Special Instructions: Location of Wound?
[] Consult OT eval and treat	Special Instructions: Weight Bearing Status:
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
Consult to Speech Language Pathology	Routine, Once
	Reason for consult:
[] Consult to Wound Ostomy Care nurse	Reason for consult:
,	Reason for consult:
	Reason for consult:
	Reason for consult:
	Consult for NPWT:
	Reason for consult:
[] Consult to Respiratory Therapy	Reason for Consult?
Additional Orders	