

General**Common Present on Admission Diagnosis**

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

Admission or Observation (Single Response)

| | |
|---|--|
| () Admit to Inpatient | Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. |
| () Outpatient observation services under general supervision | Diagnosis: Admitting Physician: Patient Condition: Bed request comments: |
| () Outpatient in a bed - extended recovery | Diagnosis: Admitting Physician: Bed request comments: |

Admission or Observation (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. |
| () Outpatient observation services under general supervision | Diagnosis: 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? Modified Code restrictions: |
| [] Treatment Restrictions | Treatment Restriction decision reached by: 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 (Single Response)

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|-----------------|------------------------|
| () Vital Signs | Routine, Every 4 hours |
|-----------------|------------------------|

Activity

| | |
|--|--|
| <input type="checkbox"/> Strict bed rest | Routine, Until discontinued, Starting S |
| <input type="checkbox"/> Out of bed, Up with assistance | Routine, Until discontinued, Starting S Specify: Out of bed, Up with assistance |
| <input type="checkbox"/> Activity as tolerated | Routine, Until discontinued, Starting S Specify: Activity as tolerated |
| <input type="checkbox"/> Bed rest with bathroom privileges | Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges |

Nursing

| | |
|---|--|
| <input type="checkbox"/> Bladder scan | Routine, Once Record post void residual in chart. |
| <input type="checkbox"/> Straight cath | Routine, Once For 1 Occurrences If post void residual is greater than 600 mL, proceed with straight cath and record residual volume in chart. |
| <input type="checkbox"/> Toileting: Bedside commode | Routine, Until discontinued, Starting S Specify: Bedside commode Additional modifier: |
| <input type="checkbox"/> Height and weight on admission | Routine, Once For 1 Occurrences On admission. |

Diet

| | |
|---|--|
| <input type="checkbox"/> NPO | Diet effective now, Starting S NPO: Pre-Operative fasting options: |
| <input type="checkbox"/> Diet - Regular | Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: |
| <input type="checkbox"/> Diet - Heart healthy | Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: |
| <input type="checkbox"/> Oral supplements | Routine Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Number of Cans/Bottles (8oz/240mL) each administration: |

IV Fluids

IV Fluids (Single Response)

| | |
|---|-------------------------|
| () sodium chloride 0.9 % infusion | intravenous, continuous |
| () dextrose 5%-0.9% sodium chloride infusion | intravenous, continuous |
| () sodium chloride 0.45 % infusion | intravenous, continuous |

IV Fluids with Potassium (Single Response)

| | |
|--|---------------------------------------|
| () dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion | intravenous, at 100 mL/hr, continuous |
| () sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion | intravenous, continuous |

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 |

Medications

Consult Pharmacy - Polypharmacy

| | |
|--|---|
| [] Pharmacy consult to complete polypharmacy review | Routine, Until discontinued, Starting S |
|--|---|

Muscle Relaxers

| | |
|----------------------------------|---------------------------|
| [] baclofen (Lioresal) tablet | oral, 2 times daily |
| [] tiZANidine (ZANAFLEX) tablet | 4 mg, oral, 2 times daily |

Steroids (Single Response)

| | |
|---|---------------------------------------|
| () methylPREDNISolone (Solu-MEDROL) injection | 500 mg, intravenous, every 12 hours |
| () methylPREDNISolone sodium succinate (Solu-MEDROL) injection | 1,000 mg, intravenous, every 24 hours |

Insomnia (Single Response)

| | |
|----------------------------------|--|
| () ramelteon (ROZEREM) tablet | 8 mg, oral, nightly PRN, sleep |
| () temazepam (RESTORIL) capsule | oral, nightly PRN, sleep |
| () traZODone (DESYREL) tablet | 50 mg, oral, nightly PRN, sleep Indication: |
| () zolpidem (AMBIEN) tablet | 5 mg, oral, nightly PRN, sleep |

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

| | |
|--------------------------------|--|
| () traZODone (DESYREL) tablet | 50 mg, oral, nightly PRN, sleep Indication: |
| () ramelteon (ROZEREM) tablet | 8 mg, oral, nightly PRN, sleep |

Bowel Care (Single Response)

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| () sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet | 2 tablet, oral, nightly PRN, constipation |
| () magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR WORSE | 30 mL, oral, every 12 hours PRN, constipation Do not give if patient is on hemodialysis or is in chronic renal failure. |
| () bisacodyl (DULCOLAX) EC tablet | 10 mg, oral, daily PRN, constipation |
| () bisacodyl (DULCOLAX) suppository | 10 mg, rectal, daily PRN, constipation |

Antiemetics

| | |
|---|---|
| [X] ondansetron (ZOFTRAN) IV or Oral | "Or" Linked Panel |
| [X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet | 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication. |
| [X] ondansetron (ZOFTRAN) 4 mg/2 mL injection | 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. |
| [X] promethazine (PHENERGAN) IV or Oral or Rectal | "Or" Linked Panel |
| [X] promethazine (PHENERGAN) 12.5 mg IV | 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. |
| [X] promethazine (PHENERGAN) tablet | 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication. |
| [X] promethazine (PHENERGAN) suppository | 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication. |

Antiemetics

| | |
|---|--|
| <input checked="" type="checkbox"/> ondansetron (ZOFRAN) IV or Oral | "Or" Linked Panel |
| <input checked="" type="checkbox"/> ondansetron ODT (ZOFRAN-ODT) disintegrating tablet | 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication. |
| <input checked="" type="checkbox"/> ondansetron (ZOFRAN) 4 mg/2 mL injection | 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. |
| <input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal | "Or" Linked Panel |
| <input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option | 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. |
| <input type="checkbox"/> promethazine (PHENERGAN) tablet | 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. |
| <input type="checkbox"/> promethazine (PHENERGAN) suppository | 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. |

Antiemetics

| | |
|---|--|
| <input checked="" type="checkbox"/> ondansetron (ZOFRAN) IV or Oral | "Or" Linked Panel |
| <input checked="" type="checkbox"/> ondansetron ODT (ZOFRAN-ODT) disintegrating tablet | 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication. |
| <input checked="" type="checkbox"/> ondansetron (ZOFRAN) 4 mg/2 mL injection | 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. |
| <input type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal | "Or" Linked Panel |
| <input type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB | 12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. |
| <input type="checkbox"/> promethazine (PHENERGAN) tablet | 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. |
| <input type="checkbox"/> promethazine (PHENERGAN) suppository | 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. |

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

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| () Low Risk of DVT | |
| <input type="checkbox"/> Low Risk (Single Response) | |
| () Low risk of VTE | Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation |
| () Moderate Risk of DVT - Surgical | |
| Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated. | |
| <input type="checkbox"/> Moderate Risk | |
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |
| <input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) | |
| () Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () enoxaparin (LOVENOX) injection (Single Response) | |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCl LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCl LESS than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1 Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| () Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| () Place/Maintain sequential compression device continuous | Routine, Continuous |
| () Place sequential compression device and antiembolic stockings | "And" Linked Panel |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |

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| <input type="checkbox"/> 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. |
| <hr/> | |
| <input type="checkbox"/> Moderate Risk | |
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |
| <input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| () Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () enoxaparin (LOVENOX) injection (Single Response) | |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical) Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <hr/> | |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| () Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| () Place/Maintain sequential compression device continuous | Routine, Continuous |
| () Place sequential compression device and antiembolic stockings | "And" Linked Panel |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> Place antiembolic stockings | Routine, Once |
| () High Risk of DVT - Surgical | |
| Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. | |
| <hr/> | |
| <input type="checkbox"/> High Risk | |
| <input type="checkbox"/> High risk of VTE | Routine, Once |
| <input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) | |

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|---|---|
| () 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 ordering from Pharmacological and Mechanical Prophylaxis. | |
| [] High Risk | |
| [] High risk of VTE | Routine, Once |
| [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| () Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |

| | |
|---|--|
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () enoxaparin (LOVENOX) injection (Single Response) | |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical) Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| [] 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 (Hip/Knee) | |
| Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. | |
| [] High Risk | |
| [] High risk of VTE | Routine, Once |
| [] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) | |
| () Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () apixaban (ELIQUIS) tablet | 2.5 mg, oral, every 12 hours, Starting S+1 Indications: |
| () aspirin chewable tablet | 162 mg, oral, daily, Starting S+1 |
| () aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1 |
| () enoxaparin (LOVENOX) injection (Single Response) | |

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| () enoxaparin (LOVENOX) syringe - hip arthroplasty | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| () enoxaparin (LOVENOX) syringe - knee arthroplasty | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | 10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1. Indications: |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1 Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| [] Mechanical Prophylaxis (Single Response) | |
| () Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| () Place/Maintain sequential compression device continuous | Routine, Continuous |
| () Place sequential compression device and antiembolic stockings | "And" Linked Panel |
| [] Place/Maintain sequential compression device continuous | Routine, Continuous |
| [] Place antiembolic stockings | Routine, Once |

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

() Low Risk of DVT

[] Low Risk (Single Response)

() Low risk of VTE

Routine, Once

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

() Moderate Risk of DVT - Surgical

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

[] Moderate Risk

[] Moderate risk of VTE

Routine, Once

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

() Patient is currently receiving therapeutic anticoagulation

Routine, Once

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

() Contraindications exist for pharmacologic prophylaxis

Routine, Once

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

() enoxaparin (LOVENOX) injection (Single Response)

() enoxaparin (LOVENOX) syringe

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

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

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

For Patients with CrCL LESS than 30 mL/min

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

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

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

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

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

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

() fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, daily, Starting S+1

If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

| | |
|---|--|
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1 Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |

() Moderate Risk of DVT - Non-Surgical

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

| | |
|---|--|
| <input type="checkbox"/> Moderate Risk | |
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |
| <input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| () Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () enoxaparin (LOVENOX) injection (Single Response) | |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S+1 |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical) Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |

() High Risk of DVT - Surgical

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

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

| | |
|---|---|
| () Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () enoxaparin (LOVENOX) injection (Single Response) | |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1 Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |

() High Risk of DVT - Non-Surgical

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

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

| | |
|---|--|
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical) For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical) Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |

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

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

| | |
|--|---|
| <input type="checkbox"/> High Risk | |
| <input type="checkbox"/> High risk of VTE | Routine, Once |
| <input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) | |
| () Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () apixaban (ELIQUIS) tablet | 2.5 mg, oral, every 12 hours, Starting S+1 Indications: |
| () aspirin chewable tablet | 162 mg, oral, daily, Starting S+1 |
| () aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1 |
| () enoxaparin (LOVENOX) injection (Single Response) | |
| () enoxaparin (LOVENOX) syringe - hip arthroplasty | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| () enoxaparin (LOVENOX) syringe - knee arthroplasty | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |

| | |
|---|--|
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | 10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1. Indications: |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1 Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

() Low Risk of DVT

[] Low Risk (Single Response)

() Low risk of VTE

Routine, Once

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

() Moderate Risk of DVT - Surgical

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

[] Moderate Risk

[] Moderate risk of VTE

Routine, Once

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

() Patient is currently receiving therapeutic anticoagulation

Routine, Once

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

() Contraindications exist for pharmacologic prophylaxis

Routine, Once

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

() enoxaparin (LOVENOX) injection (Single Response)

() enoxaparin (LOVENOX) syringe

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

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

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

For Patients with CrCL LESS than 30 mL/min

| | |
|---|--|
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1 Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| [] Mechanical Prophylaxis (Single Response) | |
| () Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| () Place/Maintain sequential compression device continuous | Routine, Continuous |
| () Place sequential compression device and antiembolic stockings | "And" Linked Panel |
| [] Place/Maintain sequential compression device continuous | Routine, Continuous |
| [] Place antiembolic stockings | Routine, Once |
| () Moderate Risk of DVT - Non-Surgical | Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated. |
| [] Moderate Risk | |
| [] Moderate risk of VTE | Routine, Once |
| [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| () Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () enoxaparin (LOVENOX) injection (Single Response) | |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCl LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCl LESS than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |

| | |
|---|--|
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical) Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| () Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| () Place/Maintain sequential compression device continuous | Routine, Continuous |
| () Place sequential compression device and antiembolic stockings | "And" Linked Panel |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> Place antiembolic stockings | Routine, Once |
| () High Risk of DVT - Surgical | Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. |
| <input type="checkbox"/> High Risk | |
| <input type="checkbox"/> High risk of VTE | Routine, Once |
| <input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) | |
| () Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () enoxaparin (LOVENOX) injection (Single Response) | |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCl LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCl LESS than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |

| | |
|---|---|
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1 Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| () Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| () Place/Maintain sequential compression device continuous | Routine, Continuous |
| () Place sequential compression device and antiembolic stockings | "And" Linked Panel |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> Place antiembolic stockings | Routine, Once |
| () High Risk of DVT - Non-Surgical | Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. |
| <input type="checkbox"/> High Risk | |
| <input type="checkbox"/> High risk of VTE | Routine, Once |
| <input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| () Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () enoxaparin (LOVENOX) injection (Single Response) | |
| () enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCl LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCl LESS than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |

| | |
|--|--|
| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. |
| () heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical) Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) | |
| () Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| () Place/Maintain sequential compression device continuous | Routine, Continuous |
| () Place sequential compression device and antiembolic stockings | "And" Linked Panel |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> Place antiembolic stockings | Routine, Once |
| () High Risk of DVT - Surgical (Hip/Knee) | Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. |
| <input type="checkbox"/> High Risk | |
| <input type="checkbox"/> High risk of VTE | Routine, Once |
| <input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) | |
| () Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |
| () Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () apixaban (ELIQUIS) tablet | 2.5 mg, oral, every 12 hours, Starting S+1 Indications: |
| () aspirin chewable tablet | 162 mg, oral, daily, Starting S+1 |
| () aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1 |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) | |
| () enoxaparin (LOVENOX) syringe - hip arthroplasty | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| () enoxaparin (LOVENOX) syringe - knee arthroplasty | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |
| () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |

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| () 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

Labs Today

| | |
|--|--|
| [] CBC and differential | Once |
| [] Prothrombin time with INR | Once |
| [] Partial thromboplastin time | Once |
| [] Basic metabolic panel | Once |
| [] Comprehensive metabolic panel | Once |
| [] Vitamin B12 | Once |
| [] Folate RBC | Once |
| [] Sedimentation rate | Once |
| [] ANA | Once |
| [] Blood gas, arterial | Once |
| [] Hepatic function panel | Once |
| [] Homocystine, plasma | Once |
| [] Protein electrophoresis, serum | Once |
| [] Rheumatoid factor | Once |
| [] Syphilis treponemal IgG | Once |
| [] TSH | Once |
| [] Vitamin D 25 hydroxy | Once |
| [] hCG qualitative, urine | Once |
| [] Urinalysis screen and microscopy, with reflex to culture | Once Specimen Source: Urine Specimen Site: |

Labs Today - HMSJ

| | |
|-------------------------------|------|
| [] CBC and differential | Once |
| [] Prothrombin time with INR | Once |

| | |
|--|--|
| [] Partial thromboplastin time | Once |
| [] Basic metabolic panel | Once |
| [] Comprehensive metabolic panel | Once |
| [] Vitamin B12 | Once |
| [] Folate RBC | Once |
| [] Sedimentation rate | Once |
| [] ANA | Once |
| [] Blood gas, arterial | Once |
| [] Hepatic function panel | Once |
| [] Homocystine, plasma | Once |
| [] Protein electrophoresis, serum | Once |
| [] Rheumatoid factor qual | Once |
| [] Rheumatoid factor titer | Once |
| [] Syphilis treponemal IgG | Once |
| [] TSH | Once |
| [] Vitamin D 25 hydroxy | Once |
| [] hCG qualitative, urine | Once |
| [] Urinalysis screen and microscopy, with reflex to culture | Once Specimen Source: Urine Specimen Site: |

Cardiology

Cardiology

| | |
|---|---|
| [] ECG 12 lead | Routine, Once Clinical Indications: Interpreting Physician: |
| [] Echocardiogram complete w contrast and 3D if needed | Routine, 1 time imaging |

Imaging

Diagnostic MRI/MRA

| | |
|--------------------------------------|---|
| [] MRI Brain W Wo Contrast | Routine, 1 time imaging For 1 For Multiple Sclerosis Protocol. |
| [] MRI Cervical Spine W Wo Contrast | Routine, 1 time imaging For 1 |
| [] MRI Thoracic Spine W Wo Contrast | Routine, 1 time imaging For 1 |
| [] MRI Lumbar Spine W Wo Contrast | Routine, 1 time imaging For 1 |

X-Ray

| | |
|-------------------------------|---|
| [] Chest 2 Vw | Routine, 1 time imaging For 1 Occurrences |
| [] Kub Kidney Ureter Bladder | Routine, 1 time imaging For 1 |

Other Studies

Other Diagnostic Studies

| | |
|--------------------------------------|--|
| [] Lumbar Puncture by Radiology | |
| [] Lumbar Puncture | Routine, 1 time imaging For 1 If tap is traumatic, please send first and last tube for cell count., Imaging Procedure |
| [] CSF cell count with differential | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] CSF protein | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Glucose, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |

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|--|---|
| [] CSF culture | Once, Cerebrospinal fluid Includes a Gram stain. Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Fungus culture | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] AFB culture | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Cryptococcal antigen | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Cytology (non-gynecological) request | A paper requisition will print when this order is submitted. The printout must accompany the specimen to the lab. |
| [] LDH, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Immuno G synthesis rate, CSF | Once This panel requires serum and CSF samples to be sent at the same time. The panel cannot be ordered again within 72 hours. Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] D-dimer, quantitative | Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Gabapentin level | Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] CSF VDRL | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Lyme disease reflexive panel, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Flow cytometry evaluation | Once Panel: Specimen Type: Reason for evaluation: Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Myelin basic protein, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] BK virus by PCR | Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Cytomegalovirus (CMV), PCR | Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Epstein Barr Virus (EBV) by PCR | Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Enterovirus by PCR | Once Specimen Source: Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |

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|--|--|
| [] Herpes simplex virus, PCR | Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] JC virus, quantitative PCR | Once Specimen Source: Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Toxoplasma gondii qPCR - Viracor | Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Varicella zoster, PCR | Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] West Nile virus by PCR, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Oligoclonal banding, CSF | Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] West Nile virus antibody panel, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Angiotensin converting enzyme, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Somatosensory evoked potential - upper extremities | Routine, Once Clinical Indication: |
| [] Visual evoked potentials | Routine, Once Clinical Indication: |
| [] Auditory evoked potentials | Routine, Once Clinical Indication: |
| [] Somatosensory (SSEP) lower extremities | Routine, Once Clinical Indication: |
| [] EMG general request | Routine, Once Type of Service: NCV (Nerve Conduction Study) Performing Physician Requested: |

Other Diagnostic Studies

| | |
|--------------------------------------|--|
| [] Lumbar Puncture by Radiology | |
| [] Lumbar Puncture | Routine, 1 time imaging For 1 If tap is traumatic, please send first and last tube for cell count., Imaging Procedure |
| [] CSF cell count with differential | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] CSF protein | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Glucose, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] CSF culture | Once, Cerebrospinal fluid Includes a Gram stain. Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Fungus culture | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] AFB culture | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |

| | |
|--|---|
| [] Cryptococcal antigen | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Cytology (non-gynecological) request | A paper requisition will print when this order is submitted. The printout must accompany the specimen to the lab. |
| [] LDH, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Immuno G synthesis rate, CSF | Once This panel requires serum and CSF samples to be sent at the same time. The panel cannot be ordered again within 72 hours. Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] D-dimer, quantitative | Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Gabapentin level | Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] CSF VDRL | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Lyme disease reflexive panel, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Flow cytometry evaluation | Once Panel: Specimen Type: Reason for evaluation: Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Myelin basic protein, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] BK virus by PCR | Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Cytomegalovirus (CMV), PCR | Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Epstein Barr Virus (EBV) by PCR | Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Enterovirus by PCR | Once Specimen Source: Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Herpes simplex virus, PCR | Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] JC virus, quantitative PCR | Once Specimen Source: Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Toxoplasma gondii qPCR - Viracor | Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |

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|--|--|
| [] Varicella zoster, PCR | Once Specimen Source: Cerebrospinal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] West Nile virus by PCR, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Oligoclonal banding, CSF | Once Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] West Nile virus antibody panel, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Angiotensin converting enzyme, CSF | Once, Cerebrospinal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs |
| [] Somatosensory evoked potential - upper extremities | Routine, Once Clinical Indication: |
| [] Visual evoked potentials | Routine, Once Clinical Indication: |
| [] Auditory evoked potentials | Routine, Once Clinical Indication: |
| [] Somatosensory (SSEP) lower extremities | Routine, Once Clinical Indication: |

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

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