

General

Common Present on Admission Diagnosis

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

Admission or Observation (Single Response)

<input type="checkbox"/> 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.
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
<input type="checkbox"/> Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:

Admission or Observation (Single Response)

Patient has active status order on file

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

Patient has active status order on file.

<input type="checkbox"/> Admit to inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
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Code Status

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

<input type="checkbox"/> Airborne isolation status	Details
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<input type="checkbox"/> Contact isolation status	Details
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<input type="checkbox"/> Droplet isolation status	Details
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<input type="checkbox"/> Enteric isolation status	Details
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Precautions

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

Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol
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<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol By Doppler only if Ventricular Assist Device: check blood pressure by manual cuff and Doppler. Check for palpable pulse.
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Activity

<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
<input type="checkbox"/> Ambulate	Routine, 3 times daily Specify: As tolerated

Nursing

<input type="checkbox"/> Intake and output	Routine, Every shift
<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Bedside glucose	Routine, 4 times daily before meals and at bedtime
<input type="checkbox"/> Driveline stabilization device	Routine, Until discontinued, Starting S With anchor at all times
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous While in bed
<input type="checkbox"/> Place antiembolic stockings	Routine, Once
<input type="checkbox"/> All orders to be cleared by Ventricular Assist Device Team.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Ventricular Assist Device: Perfusion to assist with all transports	Routine, Until discontinued, Starting S Stabilization belt or binder in place at all times, Ensure controller is connected to emergency power outlet (red outlet) and backup battery source at all times, Device requirements: a) HeartMate II: Secondary controller, b) DuraHeart: Secondary controller, Hematocrit must be updated daily for flow calculations, c) HeartWare: Secondary controller, d) Syncardia: None
<input type="checkbox"/> ACLS protocol/Defibrillation	Routine, Until discontinued, Starting S For emergencies per device recommendation as follows: HeartMate II: No need to disconnect controller, Duraheart: Ensure console in "Safe Mode", HeartWare: No need to disconnect controller, Syncardia: No chest compressions, defibrillation or cardioversion.

Device Care

<input type="checkbox"/> Document Ventricular Assist Device parameters	Routine, Every 4 hours, Starting S with First Occurrence Include Now
<input type="checkbox"/> Duraheart instructions	Routine, Daily Device must be updated daily with correct hematocrit for flow calculations
<input type="checkbox"/> Vascular access device care	Routine, Every 12 hours Left Ventricular Access Device implant to cannulation or percutaneous line exit site. Utilizing aseptic technique per protocol with 4% Chlorohexidine solution unless contraindicated.
<input type="checkbox"/> Vascular access device care	Routine, Every 12 hours Total Artificial Heart Implant to cannulation or percutaneous line exit site. Utilizing sterile technique per protocol with hydrogen peroxide and betadine solution.

Notify

<input type="checkbox"/> Notify ventricular assist device team	Routine, Once Notify for any of the following: LVAD Flows LESS than *** or GREATER than *** Hear rate LESS than 60 or GREATER than 120 Systolic blood pressure LESS than *** or GREATER than *** Respiratory rate GREATER than 30 a minute Pulse oximetry less than 92% Temperature greater than 100.5 F Urine output less than *** in an 8 hour period
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<input type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S, With all questions regarding device function
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Diet

<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
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<input type="checkbox"/> Diet - (Diabetic)	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
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<input type="checkbox"/> Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed?
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IV Fluids

IV Fluid (Single Response)

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

Medications

Pharmacy Consults

<input checked="" type="checkbox"/> Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S For Until specified Adjust dose for:
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Medications

<input type="checkbox"/> furosemide (LASIX) tablet	40 mg, oral, 2 times daily at 0900, 1700
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	20 mEq, oral, 2 times daily
<input type="checkbox"/> pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600
Indication(s) for Proton Pump Inhibitor (PPI) Therapy:	

<input type="checkbox"/>	metoclopramide (REGLAN) tablet	5 mg, oral, every 6 hours scheduled
<input type="checkbox"/>	multivitamin with minerals tablet	1 tablet, oral, daily
<input type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, 2 times daily

Antihypertensives

<input type="checkbox"/>	lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	hydrALAZINE (APRESOLINE) tablet	25 mg, oral, every 6 hours scheduled HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800 HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	amLODIPine (NORVASC) tablet	5 mg, oral, daily HOLD parameters for this order: Contact Physician if:

Dietary Supplements

<input type="checkbox"/>	ascorbic acid (VITAMIN C) tablet	500 mg, oral, 2 times daily
<input type="checkbox"/>	folic acid (FOLVITE) tablet	1 mg, oral, daily
<input type="checkbox"/>	cyanocobalamin tablet	1,000 mcg, oral, daily
<input type="checkbox"/>	ferrous sulfate tablet	325 mg, oral, 2 times daily with meals

Antithrombotic Management

<input type="checkbox"/>	Pharmacy consult to manage heparin protocol for LVAD patient	STAT, Until discontinued, Starting S For Until specified Heparin Indication: LVAD Monitoring: aPTT
<input type="checkbox"/>	Pharmacy consult to manage warfarin - LVAD	STAT, Until discontinued, Starting S For Until specified Indication: LVAD (Specify Target INR) Target INR:
<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily at 1700 (time critical)
<input type="checkbox"/>	dipyridamole (PERSANTINE) tablet	75 mg, oral, 3 times daily
<input type="checkbox"/>	pentoxifylline (TRENTal) CR tablet	400 mg, oral, 3 times daily with meals

Oral Antibiotics

<input type="checkbox"/>	ciprofloxacin HCl (CIPRO) tablet	500 mg, oral, 2 times daily at 0600, 1600 Reason for Therapy:
<input type="checkbox"/>	levofloxacin (LEVAQUIN) tablet	500 mg, oral, daily at 0600 (time critical) Reason for Therapy:
<input type="checkbox"/>	metronIDAZOLE (FLAGYL) tablet	500 mg, oral, 3 times daily Reason for Therapy:

IV Antibiotics

<input type="checkbox"/>	metronidazole (FLAGYL)	500 mg, intravenous Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication:
<input type="checkbox"/>	levofloxacin (LEVAQUIN) IV solution	intravenous, every 24 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication:
<input type="checkbox"/>	piperacillin-tazobactam (ZOSYN) IV	intravenous Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication:
<input type="checkbox"/>	vancomycin (VANCOCIN) IV	intravenous Reason for Therapy:

<input type="checkbox"/> cefepime (MAXIPIME) IV	intravenous, every 12 hours Reason for Therapy:
<input type="checkbox"/> meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Reason for Therapy:
<input type="checkbox"/> fluconazole (DIFLUCAN) IV	intravenous, for 60 Minutes, every 24 hours Reason for Therapy:

GI PRN Medications

<input type="checkbox"/> ondansetron (ZOFTRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting
<input type="checkbox"/> metoclopramide (REGLAN) injection	5 mg, intravenous, every 6 hours PRN, nausea, vomiting
<input type="checkbox"/> loperamide (IMODIUM) capsule	2 mg, oral, 3 times daily PRN, diarrhea
<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	5 mg, oral, nightly PRN, constipation
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, every 8 hours PRN, constipation

Pain Management

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, every 4 hours PRN, mild pain (score 1-3), fever, Fever GREATER than 100 F Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> Norco or Tylenol #3 (Single Response)	
<input type="checkbox"/> () HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> () acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/> morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10)

VTE

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:

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 less 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

Step 1 - Pharmacologic (Single Response)

<input type="checkbox"/> Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
<input type="checkbox"/> Contraindication(s) exist(s) for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

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

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

() Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)

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

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

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

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

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

Step 1 - Pharmacologic (60 yo and Above) (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:
() Contraindication(s) exist(s) for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

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

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if CrCL LESS than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, 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 Pharmacological Prophylaxis - Surgical Patient (Single Response)	
Address both pharmacologic and mechanical prophylaxis by ordering from Step 1 and Step 2 unless Contraindication(s) exist(s).	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 if eGFR LESS than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() 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 Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
Address both pharmacologic and mechanical prophylaxis by ordering from Step 1 and Step 2 unless Contraindication(s) exist(s).	
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 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) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 for hip arthroplasty
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 if eGFR LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 if eGFR LESS than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

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

Step 2 - Mechanical (Single Response)

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

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

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

Labs

Laboratory Upon Arrival

<input type="checkbox"/> CBC with platelet and differential	Once
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input type="checkbox"/> LDH	Once
<input type="checkbox"/> Prothrombin time with INR	Once
<input type="checkbox"/> Partial thromboplastin time	Once
<input type="checkbox"/> Prealbumin	Once
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
<input type="checkbox"/> Sputum culture	Once, Sputum
<input type="checkbox"/> Blood culture x 2	"And" Linked Panel
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Laboratory in AM

<input type="checkbox"/> CBC with platelet and differential	AM draw For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	AM draw For 1 Occurrences
<input type="checkbox"/> Prothrombin time with INR	AM draw For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time	AM draw For 1 Occurrences

Duraheart Daily Times 3

<input type="checkbox"/> Hematocrit	AM draw repeats For 3 Occurrences
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Lab Fever / Infection / GI

<input type="checkbox"/> Blood culture x 2	"And" Linked Panel
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Conditional Frequency For 1 Occurrences, Blood If temperature greater than 100.5 F. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Conditional Frequency For 1 Occurrences, Blood If temperature greater than 100.5 F. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.
<input type="checkbox"/> Sputum culture	Conditional Frequency For 1 Occurrences, Sputum If temperature greater than 100.5 F
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Conditional Frequency For 1 Occurrences Specimen Source: Urine Specimen Site: If temperature greater than 100.5 F
<input type="checkbox"/> Ova & parasites, concentrated examination	Daily For 3 Occurrences, Stool
<input type="checkbox"/> Fecal leukocytes smear	Daily For 3 Occurrences, Stool

Cardiology

Imaging

Diagnostic CT

<input type="checkbox"/> CT Chest W Wo Contrast	Routine, 1 time imaging For 1 High resolution
<input type="checkbox"/> CT Chest Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> CT Chest W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> CT Abdomen Pelvis W Contrast (Omnipaque)	"And" Linked Panel For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).
<input type="checkbox"/> CT Abdomen Pelvis W Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/> CT Abdomen Pelvis WO Contrast (Omnipaque)	"And" Linked Panel For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).
<input type="checkbox"/> CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/> CT Abdomen Pelvis WO Contrast (Readi-Cat)	"And" Linked Panel Ordered as secondary option for those with iodine allergies.
<input type="checkbox"/> CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast, For 1 Doses

<input type="checkbox"/>	CT Abdomen W/WO Pelvis W/WO Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).		

<input type="checkbox"/>	CT Abdomen W Wo Contrast Pelvis W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once

Diagnostic X-Ray

<input type="checkbox"/>	Chest Pa Lateral W Fluoroscopy	STAT, 1 time imaging For 1
<input type="checkbox"/>	Chest 1 Vw Portable	STAT, 1 time imaging For 1

Other Studies

Other Diagnostic Studies

<input type="checkbox"/>	Echocardiogram stress Doppler with contrast 3d if needed	STAT, 1 time imaging
<input type="checkbox"/>	Echocardiogram stress w continuous ecg	Routine, 1 time imaging
<input type="checkbox"/>	Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging Speed change echo
<input type="checkbox"/>	ECG 12 lead	STAT, Once Clinical Indications: Interpreting Physician:

Respiratory

Respiratory

<input type="checkbox"/>	Oxygen therapy	Routine, Continuous Device 1: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Wean to room air
<input type="checkbox"/>	Incentive spirometry	Routine, Every hour while awake
<input type="checkbox"/>	Encourage deep breathing and coughing	Routine, As needed

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/>	Consult to Case Management	Consult Reason:
<input type="checkbox"/>	Consult to Social Work	Reason for Consult:
<input type="checkbox"/>	Consult PT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/>	Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/>	Consult OT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/>	Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/>	Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/>	Consult to Speech Language Pathology	Routine, Once Reason for consult:

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