

## General

## Nursing

### Nursing

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Weigh patient   | Routine, Once   |
| <input checked="" type="checkbox"/> Notify pharmacist   | Routine, Until discontinued, Starting S, Contact pharmacist if a physician writes heparin orders. Heparin dose or infusion changes to be made by pharmacist only. Notify Pharmacist immediately if the patient transfers or has an off unit procedure.            |
| <input checked="" type="checkbox"/> Heparin instructions  | Routine, Until discontinued, Starting S<br>Do not interrupt heparin infusion unless ordered. Contact pharmacist regarding compatibility with other IV drugs if access is a concern. Contact pharmacist immediately if heparin infusion is stopped for any reason. |
| <input checked="" type="checkbox"/> Do not draw blood from the arm that has heparin infusion or that has been flushed with heparin. | Routine, Until discontinued, Starting S<br>If there is no other access , other than the heparin line for a PTT specimen draw, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.                            |
| <input checked="" type="checkbox"/> Notify pharmacist   | Routine, Until discontinued, Starting S, Pharmacist regarding compatibility with other IV drugs if access is a concern.   |
| <input checked="" type="checkbox"/> Do not interrupt heparin infusion unless ordered  | Routine, Until discontinued, Starting S   |
| <input checked="" type="checkbox"/> Monitor for signs or symptoms of bleeding   | Routine, Until discontinued, Starting S   |

## IV Fluids

## Medications

### Heparin Infusion

|   |   |
|---|---|
| <input checked="" type="checkbox"/> HEParin 25,000 unit/500 mL (50 unit/mL) | intravenous, titrated<br>Heparin Indication: ECMO<br>Therapeutic Monitoring Target: PTT - 60 - 80 sec |
|---|---|

## VTE

## Labs

### Labs-Initiation

|  |   |
|--|---|
| <input type="checkbox"/> Partial thromboplastin time | STAT For 1 Occurrences<br>Draw blood for PTT/ Anti Xa UFH from arm that does not have heparin infusion. If there is no other access than the heparin line, stop the heparin for 10 minutes, flush the line, aspirate 10 mL of blood to waste, obtain sample, and reflush the line after drawing specimen. |
| <input type="checkbox"/> Prothrombin time with INR   | STAT For 1 Occurrences<br>Do not draw blood from the arm that has heparin infusion.<br>Do not draw from heparin flushed lines.  |
| <input type="checkbox"/> CBC hemogram                | STAT For 1 Occurrences<br>Do not draw blood from the arm that has heparin infusion.<br>Do not draw from heparin flushed lines.  |

### Labs-Continuing

|   |   |
|---|---|
| <input checked="" type="checkbox"/> CBC hemogram                | Now then every 24 hours For 3 Occurrences                           |
| <input checked="" type="checkbox"/> Partial thromboplastin time | Every 4 hours<br>Start 4 hours after initiation of heparin infusion |
| <input checked="" type="checkbox"/> Occult blood, stool         | Daily, Stool  |

## Cardiology

## Imaging

## Other Studies

## Respiratory

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

## Additional Orders