General

Common Present on Admission Diagnosis

] Acidosis	Details
] Acute Post-Hemorrhagic Anemia	Details
Acute Renal Failure	Details
Acute Respiratory Failure	Details
] Acute Thromboembolism of Deep Veins of Lower Extremities	Details
] Anemia	Details
] Bacteremia	Details
] Bipolar disorder, unspecified	Details
] Cardiac Arrest	Details
] Cardiac Dysrhythmia	Details
] Cardiogenic Shock	Details
] Decubitus Ulcer	Details
] Dementia in Conditions Classified Elsewhere	Details
] Disorder of Liver	Details
Electrolyte and Fluid Disorder	Details
Intestinal Infection due to Clostridium Difficile	Details
Methicillin Resistant Staphylococcus Aureus Infection	Details
Obstructive Chronic Bronchitis with Exacerbation	Details
Other Alteration of Consciousness	Details
Other and Unspecified Coagulation Defects	Details
] Other Pulmonary Embolism and Infarction	Details
Phlebitis and Thrombophlebitis	Details
Protein-calorie Malnutrition	Details
Psychosis, unspecified psychosis type	Details
Schizophrenia Disorder	Details
] Sepsis	Details
Septic Shock	Details
Septicemia	Details
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
] Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response)	
) Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
) Outpatient observation services under general 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)	

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:
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	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
) Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
	Patient Condition:
	Bed request comments:
) Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
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supervision	Admitting Physician:
	Patient Condition:
) Outpatient in a had automated recovery	Bed request comments:
) Outpatient in a bed - extended recovery	Diagnosis:
) Outpatient in a bed - extended recovery	
	Diagnosis: Admitting Physician:
Code Status	Diagnosis: Admitting Physician: Bed request comments:
Code Status] Full code	Diagnosis: Admitting Physician:
Code Status] Full code] DNR	Diagnosis: Admitting Physician: Bed request comments: Code Status decision reached by:
Code Status J Full code J DNR [] DNR (Do Not Resuscitate)	Diagnosis: Admitting Physician: Bed request comments: Code Status decision reached by: Does patient have decision-making capacity?
Code Status] Full code] DNR	Diagnosis: Admitting Physician: Bed request comments: Code Status decision reached by: Does patient have decision-making capacity? Priority:
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Code Status] Full code] DNR [] DNR (Do Not Resuscitate) [] Consult to Palliative Care Service [] Consult to Social Work	Diagnosis: Admitting Physician: Bed request comments: Code Status decision reached by: Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult:
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[] Latex precautions	Details
] Seizure precautions	Increased observation level needed:
Nursing	
Activity	
] Strict bed rest	Routine, Until discontinued, Starting S
] HOB 45 degrees	Routine, Until discontinued, Starting S Head of bed: 45 degrees
Nursing Care	
] Peripheral vascular assessment	Routine, Every hour Notify ICU team of changes
[] Daily weights	Routine, Daily
] Intake and Output	Routine, Every shift Record number of bowel movements
Strict intake and output	Routine, Every hour
[] Measure central venous pressure	Routine, Once Transduce
[] Insert and Maintain Foley	
[] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
[] Insert and Maintain Temperature Sensing Foley	
[] Insert Foley catheter	Routine, Once Type: Temperature Sensing Size: Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
[X] Nasogastric Tube Insert and Maintain	
[X] Nasogastric tube insertion	Routine, Once Type:
[X] Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: To Low Intermittent Suction
[X] Oral care	Routine, Every 4 hours For intubated patients
[X] Oral care	Routine, Every shift For non intubated patients
[] Assist with feeding patient	Routine, Until discontinued, Starting S Modifier:
[] POCT bedside glucose	Routine, Every 2 hours Notify ICU team of glucose less than 80
] Insert arterial line	Routine, Once Transduce
] Maintain dark room	Routine, Until discontinued, Starting S Maintain dark room
Place BIS monitor (if encephalopathic)	Routine, Until discontinued, Starting S Place BIS monitor (if encephalopathic)
] Apply cooling blanket	Routine, Once Place cooling blanket for temperature greater than 38. Notify SICU team. No acetaminophen no NSAIDS
 Place/Maintain sequential compression device continuous 	Routine, Continuous No TEDS

Temperature greater than: 38 Temperature (ess than: 36 Systolic BP greater than: 36 Systolic BP greater than: 150 Systolic BP greater than: 150 Diastolic BP greater than: SpC2 Less than: Urine Output less than: SpC2 Less than: Urine Output less than: 30 mL/hr Output (Specify) greater than: SpC2 Less than: Urine Output (Specify) greater than: SpC2 Less than: Urine Output (Specify) greater than: Other: Diet effective now, Starting S NPO: Pre-Operative fasting options: Other: Diet effective now, Starting S Diet (Single Response) () Diet Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Liuid Access [] [] Initiate and maintain IV [X] sodium chloride 0.9 % flush 10 mL, intravenous, every 12 hours	[] First Step Plus Mattress	Routine, Once Clinical Indications. Criteria 1, or Criteria 2 or 3 and at least one of 4-7: Special Instructions: Weight:
Temperature greater than: 36 Temperature (ess han: 36 Systolic BP greater than: 36 Systolic BP greater than: 30 Diastolic BP greater than: 30 Bespiratory rate greater than: 30 SpO2 less than: Urine Output less than: 30 mL/nr Output (Specify) greater than: 30 mL/nr Other freque on, Starting S Diet offective now, Starting S Mainten and maintain IV [X] sodium chloride 0.9 % flush 10 mL, intravenous, every 12 ho	Notify	
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Miscellaneous

[] albumin human 5 % bottle	25 g, intravenous, once, For 1 Doses Indication:
[] norEPInephrine (LEVOPHED) infusion	8 mcg/min, intravenous, continuous Keep MAP greater than 60.
 [] phenylephrine (NEO-SYNEPHRINE) in sodium chloride 0.9 % 250 mL infusion 	5-150 mcg/min, intravenous, titrated Initiate phenylephrine infusion at 50 mcg/min. Titrate to keep {Titration Parameters:26368::"MAP between 60 mmHg to 65 mmHg "} Titrate by 5 - 10 mcg/min every 5 minutes. Notify MD if dose exceeds 150 mcg/minute.
[] vasopressin (PITRESSIN) 0.4 Units/mL in sodium chloride 0.9 % 100 mL infusion	0.04 Units/min, intravenous, titrated Initiate vasopressin infusion at 0.04 units/min if {RX VASOACTIVE TITRATABLE INITIATION:21530}. Titrate to keep {RX VASOACTIVE TITRATABLE PARAMETER:21531}
[] DOPamine (INTROPIN) infusion	2-20 mcg/kg/min, intravenous, titrated Initiate infusion at 3 mcg/kg/min. Titrate to keep {Titration Parameters:26364}. Titrate by 2 mcg/kg/min every 5 minutes.
[] methylene blue injection	50 mg, intravenous, every 8 hours
Antibiotic/Antifungal Phophylaxis	
[] vancomycin (VANCOCIN) IV	intravenous Pharmacy to adjust dose for renal function. Type of Therapy:
[] piperacillin-tazobactam (ZOSYN) IV	intravenous Pharmacy to adjust dose for renal function. Reason for Therapy:
[] fluconazole (DIFLUCAN) IV	intravenous, for 60 Minutes Pharmacy to adjust dose for renal function. Reason for Therapy:
[] voriconazole (VFEND) tablet	200 mg, oral, every 12 hours Reason for Therapy:
Cerebral Edema	
[] sodium chloride (HYPERTONIC) 3 % infusion	intravenous, continuous RESTRICTED to Nephrology, Critical Care, Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one?
[] mannitol 20 % infusion	5 g/hr, intravenous, once
Encephalopathy/Agitation	
[] lactulose solution	20 g, oral, every 8 hours
[] lactulose solution for rectal enema	200 g, rectal, once, For 1 Doses
[] rifaximin (XIFAXAN) tablet	oral, 2 times daily Indication:
[] fentaNYL (SUBLIMAZE) 50 mcg/mL injection	intravenous, PRN, severe pain (score 7-10), Pain - Intermittent
[] propofol (DIPRIVAN) infusion 10 mg/mL	intravenous, continuous
GI Bleeding/Prophylaxis	
[] phytonadione (AQUA-Mephyton) injection	10 mg, intravenous, every 24 hours, For 3 Doses
[] pantoprazole (PROTONIX) injection	40 mg, intravenous, every 24 hours Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] pantoprazole (PROTONIX) 80 mg in sodium chloride 0.9 % 100 mL infusion	8 mg/hr, intravenous, continuous
[] octreotide (SandoSTATIN) in sodium chloride 0.9 % 100 mL infusion	50 mcg/hr, intravenous, continuous
[] aminocaproic acid (AMICAR) 5 g in sodium chloride 0.9 % 50 mL bolus	5 g, intravenous, for 60 Minutes, once, For 1 Doses
Printed on 4/18/2019 at 2:10 PM from SUP	Page 5 of 2

[] aminocaproic acid (AMICAR) infusion	1 g/hr, intravenous, continuous
[] famotidine (PEPCID) injection	20 mg, intravenous, every 12 hours
[] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 12 hours PRN, nausea, vomiting

Medications IV Infusion

[] Acetylcysteine IV Infusion	"Followed by" Linked Panel
[] acetylcystine (LOADING DOSE) IV	150 mg/kg, intravenous, for 1 Hours, once, For 1 Doses
[] acetylcystine (SECOND DOSE) IV	50 mg/kg, intravenous, for 4 Hours, once, Starting H+1 Hours, For 1 Doses
[] acetylcystine (THIRD DOSE) IV	100 mg/kg, intravenous, for 16 Hours, once, Starting H+5 Hours, For 1 Doses
Pharmacy Consults	
 Pharmacy consult to change IV medications to concentrate fluids maximally 	STAT, Until discontinued, Starting S
[] Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:
[] Pharmacy consult to change all IV fluids to dextrose 5% (EXCLUDES HEPARIN INFUSIONS)	STAT, Until discontinued, Starting S
[] Pharmacy consult to change all IV fluids to normal saline (EXCLUDES HEPARIN INFUSIONS)	STAT, Until discontinued, Starting S

VTE

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

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

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

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

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

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

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

() Low Risk of DVT

[] Low Risk (Single Response)

() Low risk of VTE

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

() Moderate Risk of DVT - Surgical

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

[] 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 CrCI 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 CrCI 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 follopharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
[] Moderate Risk	
[] Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) injection (eingle riesponse) () 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 CrCI 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 CrCI 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	5,000 Units, subcutaneous, every 12 hours
with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
() High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ord	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
 enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min

() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
 enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
High Risk of DVT - Non-Surgical	
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
] 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), Startin S
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS than 30 mL/min
 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI 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 orde
	this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS
	than 30 mL/min. This patient has a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 heparin (porcine) injection (Recommended for patients 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 orc	dering from Pharmacological and Mechanical Prophylaxis.
[] 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:
(Arthroplasty) Surgical Patient (Single Response)	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication
 (Arthroplasty) Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following
 (Arthroplasty) Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1
 (Arthroplasty) Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications:
 (Arthroplasty) Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
 (Arthroplasty) Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe - hip arthoplasty () enoxaparin (LOVENOX) syringe - knee arthroplasty 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Starti S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
 (Arthroplasty) Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe - hip arthoplasty 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Starti S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
 (Arthroplasty) Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe - hip arthoplasty () enoxaparin (LOVENOX) syringe - Knee arthroplasty () enoxaparin (LOVENOX) syringe - For Patients with CrCL 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indicatio Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Start S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Start S+1

140 kg or GREATER and CrCl GREA mL/min	r Patients weight ATER than 30	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (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 (Recommendation with high risk of bleeding, e.g. weight - 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 arthroplasty planned during this admis		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 Respor	ise)	
() Contraindications exist for mechanical		Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compressio continuous	n device	Routine, Continuous
() Place sequential compression device stockings	and antiembolic	"And" Linked Panel
[] Place/Maintain sequential compressi	on device	Routine, Continuous
continuous		
		Routine, Once
continuous [] Place antiembolic stockings /T Risk and Prophylaxis Tool (Single Res	sponse)	·
continuous Continuous [] Place antiembolic stockings T Risk and Prophylaxis Tool (Single Res Low Risk Definition Moderate Risk Definitio Pharmacologic prophylaxis must be addres contraindicated. High Risk Definition	sponse) n sed. Mechanical pro	Routine, Once phylaxis is optional unless pharmacologic is
continuous Continuous [] Place antiembolic stockings T Risk and Prophylaxis Tool (Single Res Low Risk Definition Moderate Risk Definitio Pharmacologic prophylaxis must be addres contraindicated. High Risk Definition Both pharmacologic AND mechanical prophylaxes Age less than 60 years and NO other VTE	sponse) n sed. Mechanical pro nylaxis must be addre	Routine, Once phylaxis is optional unless pharmacologic is
continuous [] Place antiembolic stockings T Risk and Prophylaxis Tool (Single Res Low Risk Definition Moderate Risk Definition Pharmacologic prophylaxis must be addres contraindicated. High Risk Definition Both pharmacologic AND mechanical proph Age less than 60 years and NO other VTE r following medical conditions: Patient already adequately anticoagulated of veins, cancer, sepsis, obesity, previous strops stasis and nephrotic syndrome Thrombophi syndrome; antithrombin, protein C or protein Age 60 and above Severe fracture of hip, p Central line Acute spinal cord injury with History of DVT or family history of VTE Mu	sponse) n sed. Mechanical pro- nylaxis must be addre risk factors One or m CHF, MI, lung diseas ike, rheumatologic di lia (Factor V Leiden, n S deficiency; hyper pelvis or leg paresis ltiple major traumas	Routine, Once phylaxis is optional unless pharmacologic is essed. ore of the following medical conditions: One or more of the e, pneumonia, active inflammation, dehydration, varicose sease, sickle cell disease, leg swelling, ulcers, venous prothrombin variant mutations, anticardiolipin antibody homocysteinemia; myeloproliferative disorders)
continuous Continuous [] Place antiembolic stockings T Risk and Prophylaxis Tool (Single Res Low Risk Definition Moderate Risk Definitio Pharmacologic prophylaxis must be addres contraindicated. High Risk Definition Both pharmacologic AND mechanical proph Age less than 60 years and NO other VTE of following medical conditions: Patient already adequately anticoagulated Q veins, cancer, sepsis, obesity, previous structure stasis and nephrotic syndrome Thrombophi syndrome; antithrombin, protein C or protein Age 60 and above Severe fracture of hip, p Central line Acute spinal cord injury with	sponse) n sed. Mechanical prop nylaxis must be addre risk factors One or m CHF, MI, lung diseas oke, rheumatologic di lia (Factor V Leiden, n S deficiency; hyper pelvis or leg paresis ltiple major traumas 48 hours Abdominal ory Acute ischemic s	Routine, Once ohylaxis is optional unless pharmacologic is essed. ore of the following medical conditions: One or more of the e, pneumonia, active inflammation, dehydration, varicose sease, sickle cell disease, leg swelling, ulcers, venous prothrombin variant mutations, anticardiolipin antibody homocysteinemia; myeloproliferative disorders) or pelvic surgery for CANCER

 Image: Constraint of the second se

() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() Moderate Risk of DVT - Surgical	
Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
[] Moderate Risk	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
 enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI 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 follo pharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
[] Moderate Risk	Pouting Orac
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis -	Routine, Once
Non-Surgical Patient (Single Response)	
() Patient is currently receiving the apeutic 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), Startin S+1 For Patients with CrCL LESS than 30 mL/min
 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI 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 ordet this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 heparin (porcine) injection (Recommended for patients 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 orc	dering from Pharmacological and Mechanical Prophylaxis.
] High Risk	
[] High risk of VTE	Routine, Once
 [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) 	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1
 enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 For Patients with CrCL LESS than 30 mL/min
 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI 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 CrCI 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 CrCI LESS than 30 mL/min.	
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, 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.

[] Hig	ıh Risk	
[] Hi	igh risk of VTE	Routine, Once
	h Risk Pharmacological Prophylaxis - Non-Surgical tient (Single Response)	
() Pa	atient 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:
() Co	ontraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() er	noxaparin (LOVENOX) injection (Single Response)	
() e	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
	enoxaparin (LOVENOX) syringe - For Patients with CrCL _ESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
k r	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI 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
1	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
() fo	ndaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() he	eparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() he wi 75	eparin (porcine) injection (Recommended for patients ith high risk of bleeding, e.g. weight < 50kg and age > 5yrs)	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.
	arfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
() Pł	harmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Dials of DV/T Currenced (Llin/Knoc)	

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

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

[] High Risk	
[] High risk of VTE	Routine, Once
 [] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) 	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
 enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty 	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
 enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, 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 encourgae 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: Routine, Once () Contraindications exist for pharmacologic prophylaxis 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 30 mg, subcutaneous, daily at 0600 (time critical), Starting LESS than 30 mL/min S+1 For Patients with CrCL LESS than 30 mL/min enoxaparin (LOVENOX) syringe - For Patients weight 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time () between 100-139 kg and CrCl GREATER than 30 critical), Starting S+1 mL/min For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time 140 kg or GREATER and CrCl GREATER than 30 critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl mL/min

GREATER than 30 mL/min

than 30 mL/min.

2.5 mg, subcutaneous, daily, Starting S+1

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

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

() fondaparinux (ARIXTRA) injection

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

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
High Risk of DVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
] High Risk [] High risk of VTE	Routine, Once
(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), Startin S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 For Patients with CrCL LESS than 30 mL/min
 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI 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 CrCI 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:

() 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 orc	lering from Pharmacological and Mechanical Prophylaxis.
] High Risk	
 [] High risk of VTE] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) 	Routine, Once
() 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 CrCI 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 CrCI 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	Routine, Continuous

[] Place antiembolic stockings High Risk of DVT - Surgical (Hip/Knee)	Routine, Once
Address both pharmacologic and mechanical prophylaxis by orc	dering 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
	162 mg, orai, daily, Starting 5+1
() enoxaparin (LOVENOX) injection (Single Response)	10 mm subsutences deils at 0000 (time aritical). Otartia
() enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
 enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty 	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
	For Patients with CrCL LESS than 30 mL/min.
 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI 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 CrCI 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, 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	Routine, Continuous

()	Place sequential compression device and antiembolic
	stockings

- [] Place/Maintain sequential compression device continuous
- [] Place antiembolic stockings

Labs

Labs	
[] Lactate dehydrogenase	Once
[] Factor V assay	Once
[] Factor VII assay	Once
[] Ammonia	Once
[] Acetaminophen level	Once
[] Alcohol	Once
[] CBC and differential	Once
[] Basic metabolic panel	Once
[] Phosphorus	Once
[] Magnesium	Once
[] Ionized calcium	Once
[] Hepatic function panel	Once
[] Prothrombin time with INR	Once
[] Partial thromboplastin time	Once
[] Fibrinogen	Once
[] Type and screen	Once
[] Urinalysis with microscopic	Once
[] Toxicology screen, urine	Once
[] Hepatitis panel, acute	Once
[] hCG, serum, qualitative	Once
[] Blood gas, arterial	Once
[] Urine drugs of abuse screen	Once
[] Alpha fetoprotein	Once
[] Urinalysis screen and microscopy, with reflex to culture	Once
	Specimen Source: Urine
	Specimen Site:
[] Lactic acid level	Once
[] Ceruloplasmin level	Once
[] Copper, urine	Once
[] Thromboelastograph	Once
	Anticoagulant Therapy:
	Diagnosis:
	Fax Number (For TEG Graph Result):

Labs Repeating

[] CBC and differential	Now then every 8 hours For 3 Occurrences
[] Basic metabolic panel	Now then every 8 hours For 3 Occurrences
[] Phosphorus	Now then every 8 hours For 3 Occurrences
[] Magnesium	Now then every 8 hours For 3 Occurrences
[] Ionized calcium	Now then every 8 hours For 3 Occurrences
[] Hepatic function panel	Now then every 8 hours For 3 Occurrences
[] Prothrombin time with INR	Now then every 8 hours For 3 Occurrences
[] Partial thromboplastin time	Now then every 8 hours For 3 Occurrences
[] Fibrinogen	Now then every 8 hours For 3 Occurrences
[] Lactate dehydrogenase	Now then every 8 hours For 3 Occurrences
[] Blood gas, arterial	Now then every 8 hours For 3 Occurrences
[] Lactic acid level	Now then every 6 hours For 3 Occurrences
[] Ammonia level	Now then every 6 hours For 3 Occurrences
[] Factor V assay	AM draw repeats, Starting S with First Occurrence Include
	Now For 3 Occurrences
[] Factor VII assay	AM draw repeats For 3 Occurrences

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"And" Linked Panel

Routine, Continuous

Routine, Once

[] Alpha fetoprotein	AM draw repeats For 3 Occurrences
Cardiology	
Cardiology	
[] ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician:
[] Echocardiogram 2d complete with contrast	Routine, 1 time imaging
Diagnostic Imaging	
СТ	
[] CT Abdomen Pelvis WO Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with I	Readi-Cat (barium sulfate).
[] CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging For 1
[] iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
[] CT Abdomen Pelvis WO Contrast (Readi-Cat)	"And" Linked Panel
Ordered as secondary option for those with iodine allergies.	
[] CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging For 1
[] barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast, For 1 Doses
[] CT Abdomen Pelvis W Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with I	Readi-Cat (barium sulfate).
[] CT Abdomen Pelvis W Contrast	Routine, 1 time imaging For 1
[] iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
[] CT Head Wo Contrast	Routine, 1 time imaging For 1
[] CT Chest W Contrast	Routine, 1 time imaging For 1
X-Ray	
Chest 1 Vw Portable	Routine, 1 time imaging For 1
[] XR Abdomen 1 Vw Portable	Routine, 1 time imaging For 1
US	
[] US Abdomen Complete	Routine, 1 time imaging For 1
[] US Abdominal Doppler	Routine, 1 time imaging For 1
Other Diagnostic Studies	
Respiratory	
Respiratory	
[] Consult Respiratory Therapy	Reason for Consult? BAL if intubated
	DAL II IIIUDALEU
Rehab	
Consults	
Ancillary Consults	
[] Consult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:
[] Consult PT eval and treat	Special Instructions:
	Weight Bearing Status:
[] Consult PT wound care	Special Instructions: Location of Wound?
•	

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

Additional Orders