# Epilepsy Seizure Monitoring Unit (EMU) Admission [2674]

## 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 |
| [ ] | Other | |

**Admit to Inpatient for EMU Study (Single Response)**

( ) Admit to inpatient for EMU

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.

[ ] Other

**Code Status**

[ ] Full code

Code Status decision reached by:
if (answer = Legal Surrogate)
Name of Surrogate:
Surrogate Relation:
if (answer = 6. Primary Physician with Concurring Physician)
A Biomedical Ethics Consult is recommended.
I will consult with a second physician, listed below, to co-sign this order.
if (answer = 5. Nearest living relative (specify))
Nearest living relative:

[ ] DNR

[ ] DNR (Do Not Resuscitate)

Does patient have decision-making capacity?
if (answer = Yes)
Is the patient's death imminent?
if (answer = Yes)
Code Status decision reached by:
if (answer = Physician per criteria)
I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient’s medical record.
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code medically appropriate?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is Patient imminently dying, regardless of provision of CPR?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
if (answer = No)
Code Status decision reached by:
if (answer = Legal Surrogate)

Name of Surrogate:
Surrogate Relation:
if (answer = 6. Primary Physician with Concurring Physician)
A Biomedical Ethics Consult is recommended.
I will consult with a second physician, listed below, to co-sign this order.
if (answer = 5. Nearest living relative (specify))
Nearest living relative:
if (answer = Patient by means of Oral Directive)
Witness 1 Name:
Witness 2 Name:
if (answer = No)
Is the patient's death imminent?
if (answer = Yes)
Code Status decision reached by:
if (answer = Physician per criteria)
I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient’s medical record.
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code medically appropriate?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is Patient imminently dying, regardless of provision of CPR?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
if (answer = Legal Surrogate)
Name of Surrogate:
Surrogate Relation:
if (answer = 6. Primary Physician with Concurring Physician)
A Biomedical Ethics Consult is recommended.
I will consult with a second physician, listed below, to co-sign this order.
if (answer = 5. Nearest living relative (specify))
Nearest living relative:
if (answer = No)
Code Status decision reached by:
if (answer = Legal Surrogate)
Name of Surrogate:
Surrogate Relation:
if (answer = 6. Primary Physician with Concurring Physician)

| | |
|---|---|
| | A Biomedical Ethics Consult is recommended.<br>I will consult with a second physician, listed below, to co-sign this order.<br>if (answer = 5. Nearest living relative (specify))<br>Nearest living relative: |
| [ ] Consult to Palliative Care Service | Priority:<br>Reason for Consult?<br>if (answer = Other)<br>Specify:<br>Order?<br>Name of referring provider:<br>Enter call back number: |
| [ ] Consult to Social Work | Reason for Consult:<br>if (answer = Other Specify)<br>Specify: |

[ ] Modified Code

Does patient have decision-making capacity?
if (answer = Yes)
Is the patient's death imminent?
if (answer = Yes)
Code Status decision reached by:
if (answer = Physician per criteria)
I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code medically appropriate?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is Patient imminently dying, regardless of provision of CPR?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
if (answer = No)
Code Status decision reached by:
if (answer = Legal Surrogate)
Name of Surrogate:
Surrogate Relation:
if (answer = 6. Primary Physician with Concurring Physician)
A Biomedical Ethics Consult is recommended.
I will consult with a second physician, listed below, to co-sign this order.

if (answer = 5. Nearest living relative (specify))
Nearest living relative:
if (answer = Patient by means of Oral Directive)
Witness 1 Name:
Witness 2 Name:
if (answer = No)
Is the patient's death imminent?
if (answer = Yes)
Code Status decision reached by:
if (answer = Physician per criteria)
I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient’s medical record.
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code medically appropriate?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is Patient imminently dying, regardless of provision of CPR?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
if (answer = Legal Surrogate)
Name of Surrogate:
Surrogate Relation:
if (answer = 6. Primary Physician with Concurring Physician)
A Biomedical Ethics Consult is recommended.
I will consult with a second physician, listed below, to co-sign this order.
if (answer = 5. Nearest living relative (specify))
Nearest living relative:
if (answer = No)
Code Status decision reached by:
if (answer = Legal Surrogate)
Name of Surrogate:
Surrogate Relation:
if (answer = 6. Primary Physician with Concurring Physician)
A Biomedical Ethics Consult is recommended.
I will consult with a second physician, listed below, to co-sign this order.
if (answer = 5. Nearest living relative (specify))
Nearest living relative:
Modified Code restrictions:

| | | |
|---|---|---|
| [ ] | Treatment Restrictions | Treatment Restriction decision reached by:<br>if (answer = Legal Surrogate)<br>Name of Surrogate:<br>Surrogate Relation:<br>if (answer = 6. Primary Physician with Concurring Physician)<br>A Biomedical Ethics Consult is recommended.<br>I will consult with a second physician, listed below, to co-sign this order.<br>if (answer = 5. Nearest living relative (specify))<br>Nearest living relative:<br>Specify Treatment Restrictions:<br>if (answer = Other Treatment Restrictions)<br>Specify Other Treatment Restrictions: |
| [ ] | Other | |

**Isolation**

| | | |
|---|---|---|
| [ ] | Airborne isolation status | |
| [ ] | Airborne isolation status | Details |
| [ ] | Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. | Once, Sputum |
| [ ] | Contact isolation status | Details |
| [ ] | Droplet isolation status | Details |
| [ ] | Enteric isolation status | Details |
| [ ] | Other | |

**Precautions**

| | | |
|---|---|---|
| [ ] | Aspiration precautions | Details |
| [ ] | Fall precautions | Increased observation level needed:<br>if (answer = Yes)<br>Level:<br>For:<br>Time: |
| [ ] | Latex precautions | Details |
| [ ] | Seizure precautions | Increased observation level needed:<br>if (answer = Yes)<br>Level:<br>For:<br>Time: |
| [ ] | Other | |

## Nursing

**Vital Signs**

| | | |
|---|---|---|
| [ ] | Vital signs - every 2 hours | Routine, Every 2 hours |
| [ ] | Vital signs - every 4 hours | Routine, Every 4 hours |
| [ ] | Vital signs - every 8 hours | Routine, Every 8 hours |
| [ ] | Vital signs - per unit protocol | Routine, Per unit protocol |

| | | |
|---|---|---|
| [ ] | Other | |

**Activity**

| | | |
|---|---|---|
| [ ] | Strict bed rest | Routine, Until discontinued, Starting S |
| [ ] | Bed rest with bathroom privileges | Routine, Until discontinued, Starting S<br>Bathroom Privileges: with bathroom privileges |
| [ ] | Up with assistance | Routine, Until discontinued, Starting S<br>Specify: Up with assistance<br>if (answer = Up in chair)<br>Additional modifier:<br>if (answer = Other activity (specify))<br>Other: |
| [ ] | Activity as tolerated | Routine, Until discontinued, Starting S<br>Specify: Activity as tolerated<br>if (answer = Up in chair)<br>Additional modifier:<br>if (answer = Other activity (specify))<br>Other: |
| [ ] | Other | |

**Nursing**

| | | |
|---|---|---|
| [ ] | All four bed rails up at all times | Routine, Until discontinued, Starting S |
| [ ] | Oral suction | Routine, As needed<br>For excessive oral secretions. |
| [ ] | Daily weights | Routine, Daily |
| [ ] | Intake and output every shift | Routine, Every shift |
| [ ] | Initiate and maintain IV | |
| [ ] | Insert peripheral IV | Routine, Once |
| [ ] | sodium chloride 0.9 % flush | 10 mL, intravenous, every 12 hours scheduled |
| [ ] | sodium chloride 0.9 % flush | 10 mL, intravenous, PRN, line care |
| [ ] | Other | |

**Notify**

| | | |
|---|---|---|
| [ ] | Notify Physician for critical values | Routine, Until discontinued, Starting S, For critical values. |

| | | |
|---|---|---|
| [ ] | Notify Physician for vitals: | Routine, Until discontinued, Starting S<br>Temperature greater than:<br>Temperature less than:<br>Systolic BP greater than:<br>Systolic BP less than:<br>Diastolic BP greater than:<br>Diastolic BP less than:<br>MAP less than:<br>Heart rate greater than (BPM): 110<br>Heart rate less than (BPM): 60<br>Respiratory rate greater than:<br>Respiratory rate less than:<br>SpO2 less than: |
| [ ] | Notify Physician of patient's location upon arrival to unit | Routine, Until discontinued, Starting S, Of patient's location upon arrival to unit. |
| [ ] | Notify Physician for all generalized tonic-clonic seizures longer than two minutes | Routine, Until discontinued, Starting S |
| [ ] | Other | |

**Diet**

| | | |
|---|---|---|
| [ ] | NPO | Diet effective now, Starting S<br>NPO:<br>Pre-Operative fasting options:<br>if (answer = Other)<br>Specify: |
| [ ] | NPO after midnight | Diet effective midnight, Starting S+1 at 12:01 AM<br>NPO:<br>Pre-Operative fasting options:<br>if (answer = Other)<br>Specify: |
| [ ] | Diet- Regular | Diet effective now, Starting S<br>Diet(s): Regular<br>if (answer = Dysphagia)<br>Solid Consistency:<br>if (answer = Other Diabetic/Cal)<br>Diabetic/Calorie:<br>if (answer = Other Protein)<br>Protein:<br>if (answer = Other Bariatric)<br>Bariatric:<br>if (answer = Other Cultural/Special)<br>Cultural/Special:<br>if (answer = Additional Instructions)<br>Additional Instructions:<br>Advance Diet as Tolerated?<br>if (answer = Yes)<br>Target Diet:<br>Advance target diet criteria: |

| | |
|---|---|
| | Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid: |
| [ ] Diet- Clear Liquid | Diet effective now, Starting S<br>Diet(s): Clear Liquids<br>if (answer = Dysphagia)<br>Solid Consistency:<br>if (answer = Other Diabetic/Cal)<br>Diabetic/Calorie:<br>if (answer = Other Protein)<br>Protein:<br>if (answer = Other Bariatric)<br>Bariatric:<br>if (answer = Other Cultural/Special)<br>Cultural/Special:<br>if (answer = Additional Instructions)<br>Additional Instructions:<br>Advance Diet as Tolerated?<br>if (answer = Yes)<br>Target Diet:<br>Advance target diet criteria:<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid: |
| [ ] Diet- Heart Healthy | Diet effective now, Starting S<br>Diet(s): Heart Healthy<br>if (answer = Dysphagia)<br>Solid Consistency:<br>if (answer = Other Diabetic/Cal)<br>Diabetic/Calorie:<br>if (answer = Other Protein)<br>Protein:<br>if (answer = Other Bariatric)<br>Bariatric:<br>if (answer = Other Cultural/Special)<br>Cultural/Special:<br>if (answer = Additional Instructions)<br>Additional Instructions:<br>Advance Diet as Tolerated?<br>if (answer = Yes)<br>Target Diet:<br>Advance target diet criteria:<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid: |
| [ ] Other | |

## IV Fluids

### Maintenance IV Fluids (Single Response)

| | | |
|---|---|---|
| ( ) | sodium chloride 0.9 % infusion | 75 mL/hr, intravenous, continuous |
| ( ) | lactated Ringer's infusion | 75 mL/hr, intravenous, continuous |
| ( ) | dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion | 75 mL/hr, intravenous, continuous |
| ( ) | sodium chloride 0.45 % infusion | 75 mL/hr, intravenous, continuous |
| ( ) | sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion | 75 mL/hr, intravenous, continuous |
| [ ] | Other | |

## Medications

### Anxiolytic Agents

| | | |
|---|---|---|
| [ ] | LORazepam (ATIVAN) injection | 2 mg, intravenous, PRN, seizures, For tonic-clonic seizures longer than 2 minutes. Notify physician prior to administering medication. |
| [ ] | Other | |

## Labs

### Hematology/Coagulation Today

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

### Chemistry Today

| | | |
|---|---|---|
| [ ] | Albumin | Once |
| [ ] | Amylase | Once |
| [ ] | Basic metabolic panel | Once |
| [ ] | B-type natriuretic peptide | Once |
| [ ] | CK total | Once |
| [ ] | Comprehensive metabolic panel | Once |
| [ ] | Hemoglobin A1c | Once |
| [ ] | Hepatic function panel | Once |
| [ ] | Lactic acid level | Once |
| [ ] | Lipase | Once |
| [ ] | Lipid panel | Once |
| [ ] | Magnesium | Once |
| [ ] | Phosphorus | Once |
| [ ] | Prealbumin | Once |
| [ ] | TSH | Once |
| [ ] | T4, free | Once |
| [ ] | Uric acid | Once |

| | | |
|---|---|---|
| [ ] | Urine drugs of abuse screen | Once |
| [ ] | Other | |

**Microbiology**

| | | |
|---|---|---|
| [ ] | Blood culture x 2 | **"And" Linked Panel** |
| [ ] | Blood Culture (Aerobic & Anaerobic) | Once, Blood<br>Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used. |
| [ ] | Blood Culture (Aerobic & Anaerobic) | Once, Blood<br>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. |
| [ ] | Urinalysis screen and microscopy, with reflex to culture | Once<br>Specimen Source: Urine<br>Specimen Site: |
| [ ] | Sputum culture | Once, Sputum |
| [ ] | Other | |

## VTE

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**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<br>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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>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<br>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<br>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<br>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<br>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.<br>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<br>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<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |

| | |
|---|---|
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s): |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous |

( ) Moderate Risk of DVT - Non-Surgical

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

| | |
|---|---|
| [ ] Moderate Risk | |
| [ ] Moderate risk of VTE | Routine, Once |
| [ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>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<br>For Patients with CrCL LESS than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S<br>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<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily<br>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<br>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<br>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)<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s): |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous |

( ) High Risk of DVT - Surgical

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

| | |
|---|---|
| [ ] High Risk | |
| [ ] High risk of VTE | Routine, Once |
| [ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) | |
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>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<br>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<br>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<br>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<br>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.<br>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<br>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<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| ( ) | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| [ ] | Mechanical Prophylaxis (Single Response) | |
| ( ) | Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s): |
| ( ) | Place/Maintain sequential compression device continuous | Routine, Continuous |

( ) High Risk of DVT - Non-Surgical

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

| | | |
|---|---|---|
| [ ] | High Risk | |
| [ ] | High risk of VTE | Routine, Once |
| [ ] | High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| ( ) | Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) | Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>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<br>For Patients with CrCL LESS than 30 mL/min |

| | |
|---|---|
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S<br>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<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily<br>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.<br>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<br>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)<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s): |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous |

( ) 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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |

| | | |
|---|---|---|
| ( ) | Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| ( ) | apixaban (ELIQUIS) tablet | 2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>if (answer = Other (Please specify))<br>Specify Other Indication: |
| ( ) | 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 | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| ( ) | enoxaparin (LOVENOX) syringe | 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 | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |
| ( ) | enoxaparin (LOVENOX) syringe - For Patients weight between 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<br>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<br>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<br>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<br>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<br>To be Given on Post Op Day 1.<br>Indications:<br>if (answer = Other (Please specify))<br>Specify Other Indication: |
| ( ) | warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |

( ) Pharmacy consult to manage warfarin (COUMADIN) — STAT, Until discontinued, Starting S
Indication:
if (answer = Other (Specify indication & Target INR))
Specify indication & Target INR (free text):
if (answer = LVAD (Specify Target INR))
Target INR:

[ ] 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

[ ] Other

**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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>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<br>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<br>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<br>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<br>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.<br>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<br>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<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |

( ) Moderate Risk of DVT - Non-Surgical

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

[ ] Moderate Risk

| | |
|---|---|
| [ ] Moderate risk of VTE | Routine, Once |
| [ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| ( ) enoxaparin (LOVENOX) injection (Single Response) | |
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700 (time critical), Starting S+1<br>For Patients with CrCL LESS than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1<br>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<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily<br>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<br>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<br>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)<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |

( ) High Risk of DVT - Surgical

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

| | |
|---|---|
| [ ] High Risk | |
| [ ] High risk of VTE | Routine, Once |
| [ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) | |
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>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<br>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<br>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<br>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<br>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.<br>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<br>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<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |

| | |
|---|---|
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |

( ) High Risk of DVT - Non-Surgical

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

| | |
|---|---|
| [ ] High Risk | |
| [ ] High risk of VTE | Routine, Once |
| [ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| ( ) enoxaparin (LOVENOX) injection (Single Response) | |
| ( ) enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily, Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily, Starting S+1<br>For Patients with CrCL LESS than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1<br>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)<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily<br>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.<br>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<br>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)<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |

( ) 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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| ( ) apixaban (ELIQUIS) tablet | 2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>if (answer = Other (Please specify))<br>Specify Other Indication: |
| ( ) 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 | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe | 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 | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 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<br>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<br>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<br>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<br>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<br>To be Given on Post Op Day 1.<br>Indications:<br>if (answer = Other (Please specify))<br>Specify Other Indication: |
| ( ) | warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| ( ) | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| [ ] | Other | |

**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<br>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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>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<br>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<br>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<br>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<br>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.<br>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<br>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<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s): |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous |
| ( ) Moderate Risk of DVT - Non-Surgical | |
| Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated. | |
| [ ] Moderate Risk | |
| [ ] Moderate risk of VTE | Routine, Once |
| [ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>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<br>For Patients with CrCL LESS than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S<br>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<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily<br>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<br>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<br>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)<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s): |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous |

( ) High Risk of DVT - Surgical

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

| | |
|---|---|
| [ ] High Risk | |
| [ ] High risk of VTE | Routine, Once |
| [ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) | |

| | |
|---|---|
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>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<br>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<br>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<br>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<br>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.<br>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<br>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<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s): |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous |

( ) High Risk of DVT - Non-Surgical

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

| | |
|---|---|
| [ ] High Risk | |
| [ ] High risk of VTE | Routine, Once |
| [ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| ( ) Patient is currently receiving therapeutic anticoagulation | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>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<br>For Patients with CrCL LESS than 30 mL/min |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S<br>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<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| ( ) fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily<br>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.<br>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<br>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)<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |

| | |
|---|---|
| ( ) Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| [ ] Mechanical Prophylaxis (Single Response) | |
| ( ) Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s): |
| ( ) Place/Maintain sequential compression device continuous | Routine, Continuous |

( ) 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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>if (answer = Other)<br>Other anticoagulant therapy: |
| ( ) Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| ( ) apixaban (ELIQUIS) tablet | 2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>if (answer = Other (Please specify))<br>Specify Other Indication: |
| ( ) 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 | 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 |
| ( ) enoxaparin (LOVENOX) syringe | 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 | 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1<br>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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 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<br>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<br>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<br>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<br>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<br>To be Given on Post Op Day 1.<br>Indications:<br>if (answer = Other (Please specify))<br>Specify Other Indication: |
| ( ) | warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| ( ) | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S<br>Indication:<br>if (answer = Other (Specify indication & Target INR))<br>Specify indication & Target INR (free text):<br>if (answer = LVAD (Specify Target INR))<br>Target INR: |
| [ ] | Mechanical Prophylaxis (Single Response) | |
| ( ) | Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s): |
| ( ) | Place/Maintain sequential compression device continuous | Routine, Continuous |
| [ ] | Other | |

## Other Diagnostics

**Epilepsy Seizure Monitoring**

| | | |
|---|---|---|
| [ ] | Epilepsy/Seizure monitoring | Routine, Daily continuous EEG For 7 Days<br>Clinical Indication: Seizure<br>if (answer = Other)<br>Specify:<br>Testing Location: Epilepsy Monitoring Unit<br>Testing Duration: Until D/C Ordered<br>Record Video? Yes<br>Hill-Rom bed required for patient. |
| [ ] | Other | |

# Respiratory

**Respiratory**

[ ] Oxygen therapy - Nasal cannula

Routine, Continuous
Device 1: Nasal Cannula
if (answer = Nasal Cannula)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Simple Face Mask)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = High Flow Nasal Cannula (HFNC))
Rate in liters per minute:
Rate in liters per minute:
if (answer = Other (Specify))
Specify lpm:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Non-rebreather mask)
Rate in liters per minute:
if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or (answer = Trach Collar)
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Venturi Mask)
FiO2:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Other (Specify))
Specify:
Rate in liters per minute: 2 Lpm
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Device 2:
if (answer = Nasal Cannula)

Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Simple Face Mask)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = High Flow Nasal Cannula (HFNC))
Rate in liters per minute:
Rate in liters per minute:
if (answer = Other (Specify))
Specify lpm:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Non-rebreather mask)
Rate in liters per minute:
if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or (answer = Trach Collar)
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Venturi Mask)
FiO2:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Other (Specify))
Specify:
Device 3:
if (answer = Nasal Cannula)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Simple Face Mask)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = High Flow Nasal Cannula (HFNC))

Rate in liters per minute:
Rate in liters per minute:
if (answer = Other (Specify))
Specify lpm:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Non-rebreather mask)
Rate in liters per minute:
if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or (answer = Trach Collar)
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Venturi Mask)
FiO2:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Other (Specify))
Specify:
Titrate to keep O2 Sat Above: 92%
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
Indications for O2 therapy:
if (answer = Other)
Specify:

[ ] Other