# 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	Details			
Complication, Not Stated as Uncontrolled				
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
[] Other	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	. Total ook ii rii ig Totalii roi
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] 2.11. (20.1101.110000031010)	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) Page 3 of 34

	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:
[] Consult to Palliative Care Service	Priority:
[] Consult to Familiative Gare Service	Reason for Consult?
	if (answer = Other)
	Specify:
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
	if (answer = Other Specify)
	Specify:
[] Modified Code	Does patient have decision-making capacity?
[] Modified Code	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.

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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:
	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:
	Specify Treatment Restrictions:
	if (answer = Other Treatment Restrictions)
	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:
	if (answer = Yes)
	Level:
	For:
	Time:
[] Latex precautions	Details
Seizure precautions	Increased observation level needed:
	if (answer = Yes)
	Level:
	For:
	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
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[] Other	
Activity	
[] Strict bed rest	Routine, Until discontinued, Starting S
Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bathroom privileges
[] Up with assistance	Routine, Until discontinued, Starting S
	Specify: Up with assistance
	if (answer = Up in chair)
	Additional modifier:
	if (answer = Other activity (specify))
F1 A C 20 and the set of	Other:
[] Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated if (answer = Up in chair)
	Additional modifier:
	if (answer = Other activity (specify))
	Other:
[] Other	Culor.
Nursing	
[] All four bed rails up at all times	Routine, Until discontinued, Starting S
[] Oral suction	Routine, As needed
	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 Temperature greater than: Temperature less than: Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than:
		MAP less than: Heart rate greater than (BPM): 110 Heart rate less than (BPM): 60 Respiratory rate greater than: Respiratory rate less than: SpO2 less than:
	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	Routine, Until discontinued, Starting S
[] Other		
Diet		
[] NPO		Diet effective now, Starting S
		NPO:
		Pre-Operative fasting options: if (answer = Other)
		Specify:
[] NPO a	after midnight	Diet effective midnight, Starting S+1 at 12:01 AM
**	<b>C</b>	NPO:
		Pre-Operative fasting options:
		if (answer = Other)
	2	Specify:
[] Diet- F	Regular	Diet effective now, Starting S
		Diet(s): Regular if (answer = Dysphagia)
		Solid Consistency:
		if (answer = Other Diabetic/Cal)
		Diabetic/Calorie:
		if (answer = Other Protein)
		Protein:
		if (answer = Other Bariatric)
		Bariatric: if (answer = Other Cultural/Special)
		Cultural/Special:
		if (answer = Additional Instructions)
		Additional Instructions:
		Advance Diet as Tolerated?
		if (answer = Yes)
		Target Diet:
I		Advance target diet criteria:

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

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 edications	
nxiolytic Agents	
LORazepam (ATIVAN) injection	2 mg, intravenous, PRN, seizures, For tonic-clonic seizures longer than 2 minutes. Notify physician prior to administering medication.
Other	
abs	
ematology/Coagulation Today	
CBC	Once
CBC and differential	Once
Prothrombin time with INR	Once
Partial thromboplastin time	Once
Other	
nemistry 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
	Once
Phosphorus	
Prealbumin	Once
	Once Once Once

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

Once

## VTE

**DVT Risk and Prophylaxis Tool (Single Response)** 

Low Risk Definition Moderate Risk Definition

Urine drugs of abuse screen

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

7	٦	Low	Risk	Ωf	DVT
١	,	LOW	1/13/	vı	$\nu$

[] 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
Mode	erate Risk of DVT - Surgical	
Addre	ess pharmacologic prophylaxis by selecting one of the following. Mechanical	prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.
[]M	oderate Risk	
	Moderate risk of VTE	Routine, Once
	oderate Risk Pharmacological Prophylaxis - Surgical Patient (Single esponse)	
()	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: if (answer = Other) Other anticoagulant therapy:
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Response)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
,		If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  This patient has a history of or suspected case of Heparin-Induced
<del>( )</del>	heparin (porcine) injection	Thrombocytopenia (HIT): 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:  if (answer = Other (Specify indication & Target INR))  Specify indication & Target INR (free text):  if (answer = LVAD (Specify Target INR))  Target INR:

()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
		Indication:
		<pre>if (answer = Other (Specify indication &amp; Target INR))    Specify indication &amp; Target INR (free text):</pre>
		if (answer = LVAD (Specify Target INR))
<u> </u>	Mechanical Prophylaxis (Single Response)	Target INR:
	Contraindications exist for mechanical prophylaxis	Routine, Once
( )	Contraindications exist for mechanical propriyaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression device continuous	Routine, Continuous
	erate Risk of DVT - Non-Surgical	Noutine, Continuous
	·	prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.
[] N	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
( )	σ · · · · · · · · · · · · · · · · · · ·	No pharmacologic VTE prophylaxis because: patient is already on therapeut
		anticoagulation for other indication.
		Therapy for the following:
		if (answer = Other)
		Other anticoagulant therapy:
()	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	30 mg, subcutaneous, 2 times daily, Starting S
	kg and CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
		mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER	40 mg, subcutaneous, 2 times daily, Starting S
	and CrCl GREATER than 30 mL/min	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-Induce
		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
()	heparin (porcine) injection (Recommended for patients with high risk of	5,000 Units, subcutaneous, every 12 hours
. ,	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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	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
High Risk of DVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by ordering from Pharma	cological 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:
	if (answer = Other)
	Other anticoagulant therapy:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once
() Contrained and the pharmacologic propriyation	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	The prison according to the propriy takes also to the residenting communication (c).
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
	30 mg, subcutaneous, daily at 0600 (time critical), Starting C+1
<ul><li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li></ul>	For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting
kg and CrCl GREATER than 30 mL/min	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	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting
and CrCl GREATER than 30 mL/min	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:  if (answer = Other (Specify indication & Target INR))  Specify indication & Target INR (free text):  if (answer = LVAD (Specify Target INR))  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:
		rargothin
[]	Mechanical Prophylaxis (Single Response)	raigot ii tt
[]	Mechanical Prophylaxis (Single Response)  Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() () Hig	Contraindications exist for mechanical prophylaxis  Place/Maintain sequential compression device continuous th Risk of DVT - Non-Surgical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() () Hig	Contraindications exist for mechanical prophylaxis  Place/Maintain sequential compression device continuous	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() () Hig	Contraindications exist for mechanical prophylaxis  Place/Maintain sequential compression device continuous  In Risk of DVT - Non-Surgical  dress both pharmacologic and mechanical prophylaxis by ordering from Pharm  High Risk	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous nacological and Mechanical Prophylaxis.
() () Hig Add	Contraindications exist for mechanical prophylaxis  Place/Maintain sequential compression device continuous  In Risk of DVT - Non-Surgical  dress both pharmacologic and mechanical prophylaxis by ordering from Pharm  High Risk  High risk of VTE	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() Hig Add	Contraindications exist for mechanical prophylaxis  Place/Maintain sequential compression device continuous  In Risk of DVT - Non-Surgical  dress both pharmacologic and mechanical prophylaxis by ordering from Pharm  High Risk	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous nacological and Mechanical Prophylaxis.
() Hig Add	Contraindications exist for mechanical prophylaxis  Place/Maintain sequential compression device continuous th Risk of DVT - Non-Surgical dress both pharmacologic and mechanical prophylaxis by ordering from Pharm High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous nacological and Mechanical Prophylaxis.
() () ) Higg Add	Contraindications exist for mechanical prophylaxis  Place/Maintain sequential compression device continuous th Risk of DVT - Non-Surgical dress both pharmacologic and mechanical prophylaxis by ordering from Pharm  High Risk  High risk of VTE  High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  nacological and Mechanical Prophylaxis.  Routine, Once  Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other)
() () Hig Add	Contraindications exist for mechanical prophylaxis  Place/Maintain sequential compression device continuous  In Risk of DVT - Non-Surgical  dress both pharmacologic and mechanical prophylaxis by ordering from Pharm  High Risk  High risk of VTE  High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)  Patient is currently receiving therapeutic anticoagulation	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  nacological and Mechanical Prophylaxis.  Routine, Once  Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() () Hig Add	Contraindications exist for mechanical prophylaxis  Place/Maintain sequential compression device continuous th Risk of DVT - Non-Surgical dress both pharmacologic and mechanical prophylaxis by ordering from Pharm  High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)  Patient is currently receiving therapeutic anticoagulation  Contraindications exist for pharmacologic prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  nacological and Mechanical Prophylaxis.  Routine, Once  Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once

()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30
		mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER	40 mg, subcutaneous, 2 times daily, Starting S
( )	and CrCI GREATER than 30 mL/min	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-Induce
		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
$\overline{()}$	heparin (porcine) injection (Recommended for patients with high risk of	5,000 Units, subcutaneous, every 12 hours
( )	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:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		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
	n Risk of DVT - Surgical (Hip/Knee)	
Add	ress both pharmacologic and mechanical prophylaxis by ordering from Pharmac	cological 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 therapeut
		anticoagulation for other indication.
		Therapy for the following:
		Therapy for the following: if (answer = Other)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once
( ) Contraindications exist for pharmacologic prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications: if (answer = Other (Please specify))
//	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)	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
() 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 For Patients with CrCL LESS than 30 mL/min.
<ul><li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li></ul>	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 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 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: if (answer = Other (Please specify)) Specify Other Indication:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:  if (answer = Other (Specify indication & Target INR))  Specify indication & Target INR (free text):  if (answer = LVAD (Specify Target INR))  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 (Sin	igle
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:
		if (answer = Other)
		Other anticoagulant therapy:
( )	Contraindications exist for pharmacologic prophylaxis	Routine, Once
		No pharmacologic VTE prophylaxis due to the following contraindication(s):
( )	enoxaparin (LOVENOX) injection (Single Response)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
		For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
		For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( )	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
		If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
		This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<u> </u>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
( )	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), Starting S+1
,	wanami (OOOM) tanot	Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		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:
	erate Risk of DVT - Non-Surgical	

[] 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: if (answer = Other) Other anticoagulant therapy:
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Response)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S+1
()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30
()	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	mL/min 40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or 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:  if (answer = Other (Specify indication & Target INR))  Specify indication & Target INR (free text):  if (answer = LVAD (Specify Target INR))  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:

<sup>)</sup> 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
<ul><li>High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)</li></ul>	
() 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:    if (answer = Other)    Other anticoagulant therapy:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once
	No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or 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:  if (answer = Other (Specify indication & Target INR))  Specify indication & Target INR (free text):  if (answer = LVAD (Specify Target INR))  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:	
-		LDIL (D) T N. O. I. I.		

## () High Risk of DVT - Non-Surgical

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

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

() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical)
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
() Pharmacy consult to manage warfarin (COUI	MADIN) 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:
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:    if (answer = Other)    Other anticoagulant therapy:
() 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: if (answer = Other (Please specify)) 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 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 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 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) for	ndaparinux (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):
() he	eparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() he	eparin (porcine) injection (Recommended for patients with high risk of	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	eeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than
	G, G G , ,	50kg and age GREATER than 75yrs.
() riv	varoxaban (XARELTO) tablet for hip or knee arthroplasty planned during	10 mg, oral, daily at 0600 (time critical), Starting S+1
thi	is admission	To be Given on Post Op Day 1.
		Indications:
		if (answer = Other (Please specify))
		Specify Other Indication:
( ) wa	arfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		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:
Other		<b>_</b>

**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	ambulation
· ·	
Address pharmacologic prophylaxis by selecting one of the following. Mechanica	I 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:    if (answer = Other)    Other anticoagulant therapy:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min

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

Onoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 m/min	()	40
mu/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  () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  () fondaparinux (ARIXTRA) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection  () heparin (porcine) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  () Pharmacy consult to manage warfari	() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
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  () heparin (porcine) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 5000 Units, subcutaneous, every 8 hours  () heparin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  () Mechanical Prophylaxis (Single Response)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Place/Maintain sequential compression device continuous  () Place/Maintain sequential compression device continuous  High Risk of DVT - Surgical  Routine, Once	mL/min	For Patients with CrCL LESS than 30 mL/min
mL/min    A mog. subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min   For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min   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 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		
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min and CrCl GREATER than 30 mL/min	kg and CrCl GREATER than 30 mL/min	
and CrCl GREATER than 30 mL/min  for Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  mL/min  2.5 mg, subcutaneous, daily  If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HTD, 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 (HITD):  (1) heparin (porcine) injection (2) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  (3) warfarin (COUMADIN) tablet  (4) warfarin (COUMADIN) tablet  (5) warfarin (COUMADIN) tablet  (6) warfarin (COUMADIN) tablet  (7) warfarin (COUMADIN) tablet  (8) Target INR  (9) Pharmacy consult to manage warfarin (COUMADIN)  (9) Pharmacy consult to manage warfarin (COUMADIN)  (10) Pharmacy consult to manage warfarin (COUMADIN)  (11) Target INR:  (12) Mechanical Prophylaxis (Single Response)  (13) Contraindications exist for mechanical prophylaxis  (14) Place/Maintain sequential compression device continuous  High Risk of DVT - Surgical  Address both pharmacological Prophylaxis - Surgical Patient (Single  Routine, Once  Nothing Age of REATER and Fistory of or suspected case of Heparin-Induced Thrombocytopenia (HIT);  15) Contraindications as a suspected case of Heparin-Induced Thrombocytopenia (HIT);  16) Place/Maintain sequential compression device continuous  High Risk of DVT - Surgical  Routine, Once  Routine, Once  Routine, Once		
() 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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  () Pharmacy consult to m		
(1) 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 CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg and prior to surgery (prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg and prior to surgery (prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS tha	and CrCl GREATER than 30 mL/min	
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocypenia (HTI), 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 (HTI);  () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  () Place/Maintain sequential compression device continuous  () High Risk  () High Risk  () High Risk Pharmacological Prophylaxis - Surgical Patient (Single)		
Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LSS 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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  () Place/Maintain sequential compression device continuous  () Place/Maintain sequential compression device continuous  High Risk of DVT - Surgical  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.  () High Risk Platrian 30 mL/min 11 maintain sequential Prophylaxis - Surgical Patient (Single	() fondaparinux (ARIXTRA) injection	
patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/nin This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  () Place/Maintain sequential compression device continuous  () High Risk (Fig. Risk (Fig. Routine, Once  () High Risk Parmacological Prophylaxis - Surgical Patient (Single  () High Risk Parmacological Prophylaxis - Surgical Patient (Single		If the patient does not have a history of or suspected case of Heparin-Induce
than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  [] Mechanical Prophylaxis (Single Response)  () Contraindications exist for mechanical prophylaxis  [] Mechanical Prophylaxis (Single Response)  () Place/Maintain sequential compression device continuous  High Risk of DVT - Surgical  Address both pharmacological Prophylaxis - Surgical Patient (Single  High Risk Pharmacological Prophylaxis - Surgical Patient (Single    High Risk Pharmacological Prophylaxis - Surgical Patient (Single    High Risk Pharmacological Prophylaxis - Surgical Patient (Single    High Risk Pharmacological Prophylaxis - Surgical Patient (Single    High Risk Pharmacological Prophylaxis - Surgical Patient (Single    High Risk Pharmacological Prophylaxis - Surgical Patient (Single    High Risk Pharmacological Prophylaxis - Surgical Patient (Single    High Risk Pharmacological Prophylaxis - Surgical Patient (Single    High Risk Pharmacological Prophylaxis - Surgical Patient (Single    High Risk Pharmacological Prophylaxis - Surgical Patient (Single    High Risk Pharmacological Prophylaxis - Surgical Patient (Single    High Risk Pharmacological Prophylaxis - Surgical Patient (Single		
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  () heparin (porcine) injection		
Thrombocytopenia (HIT):  () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) () Place/Maintain sequential compression device continuous ()		
() heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Place/Maintain sequential compression device continuous  High Risk of DVT - Surgical  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.  () High Risk  () High Risk Pharmacological Prophylaxis - Surgical Patient (Single		
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  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  () STAT, Until discontinued, Starting S Indication & Target INR))  Specify indication & Target INR))  Specify indication & Target INR))  Target INR:  () Mechanical Prophylaxis (Single Response)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):  () Place/Maintain sequential compression device continuous  Routine, Continuous  High Risk  () High Risk  () High Risk Pharmacological Prophylaxis - Surgical Patient (Single	( ) heparin (porcine) injection	
50kg and age GREATER than 75yrs.  () warfarin (COUMADIN) tablet  oral, daily at 1700 (time critical) Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) 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) 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): High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk   High Risk Pharmacological Prophylaxis - Surgical Patient (Single	() heparin (porcine) injection (Recommended for patients with high risk of	5,000 Units, subcutaneous, every 12 hours
( ) warfarin (COUMADIN) tablet  warfarin (COUMADIN) tablet  oral, daily at 1700 (time critical) Indication:  if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR) Specify indication & Target INR) 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) Specify indication & Target INR) Specify indication & 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 High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk   High Risk Pharmacological Prophylaxis - Surgical Patient (Single)	bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than
Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) 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) Specify indication & Target INR) Target INR:  () Mechanical Prophylaxis (Single Response)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  High Risk of DVT - Surgical  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk     High Risk     High Risk     High Risk     High Risk Pharmacological Prophylaxis - Surgical Patient (Single		50kg and age GREATER than 75yrs.
if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:  () Pharmacy consult to manage warfarin (COUMADIN)  STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify Target INR)) Specify indication & Target INR)) Specify indication & Target INR)) Specify indication & 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): Routine, Continuous  High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk   High Risk Pharmacological Prophylaxis - Surgical Patient (Single	() warfarin (COUMADIN) tablet	
Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR))		
if (answer = LVAD (Specify Target INR)) 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  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		
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     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		
( ) 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))		
Indication:     if (answer = Other (Specify indication & Target INR))         Specify indication & Target INR (free text):         if (answer = LVAD (Specify Target INR))	( ) Discussion and the management of a sign (OOLIMA DINI)	
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  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	() Pharmacy consult to manage warrarin (COUMADIN)	,
Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR))		
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  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		
Target INR:    Mechanical Prophylaxis (Single Response)		
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  High Risk of DVT - Surgical  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk   High Risk   Routine, Once   High Risk Pharmacological Prophylaxis - Surgical Patient (Single		
( ) 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  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	Mechanical Prophylaxis (Single Response)	- argot in the
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   Routine, Once    High Risk Pharmacological Prophylaxis - Surgical Patient (Single		Routine, Once
( ) 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 DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk	( ) Place/Maintain sequential compression device continuous	
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk	High Risk of DVT - Surgical	·
[ ] High risk of VTE Routine, Once [ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single		cological and Mechanical Prophylaxis.
[ ] High risk of VTE Routine, Once [ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single	1 High Risk	
High Risk Pharmacological Prophylaxis - Surgical Patient (Single		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:    if (answer = Other)    Other anticoagulant therapy:
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Response)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:  if (answer = Other (Specify indication & Target INR))  Specify indication & Target INR (free text):  if (answer = LVAD (Specify Target INR))  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

( ) High Risk of DVT - Non-Surgical
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[] High Risk	
[] High Risk [] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	readine, enec
() 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:   if (answer = Other)   Other anticoagulant therapy:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once
() enoxaparin (LOVENOX) injection (Single Response)	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (olingic response)	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<ul><li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	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: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
( ) I harmacy consult to manage warrant (COOMADIN)	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
High Risk of DVT - Surgical (Hip/Knee)	
Address both pharmacologic and mechanical prophylaxis by ordering from Pharm	acological 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 therapeut
	anticoagulation for other indication.
	Therapy for the following:
	if (answer = Other)
	Other anticoagulant therapy:
() 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:
	if (answer = Other (Please specify))
	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 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 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
	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-Induce
	Thrombocytopenia (HIT) do NOT order this medication. Contraindicated
	patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LES
	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	of 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS th
	50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned du	
this admission	To be Given on Post Op Day 1.
	Indications:
	if (answer = Other (Please specify))
	Specify Other Indication:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
() Thamas, concan to manage manami (ccomment)	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	
her Diagnostics	
lepsy Seizure Monitoring	
Epilepsy/Seizure monitoring	Routine, Daily continuous EEG For 7 Days
	Clinical Indication: Seizure
	if (answer = Other)
	Specify:
	Testing Location: Epilepsy Monitoring Unit
	Testing Duration: Until D/C Ordered
	Record Video? Yes
	Hill-Rom bed required for patient

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: 02 %: 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 Ipm: 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:
   02 %:
      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