Hemorrhagic Stroke Admission [1319]

General

Common Present on Admission Diagnosis

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

Admission or Observation (Single Response)

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

Admission or Observation (Single Response)
Patient has active status order on file

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

Admission (Single Response)
Patient has active status order on file.

( ) Admit to inpatient

Diagnosis:
Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

[ ] Other

Code Status

[ ] Full code

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

[ ] DNR

[ ] DNR (Do Not Resuscitate)

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

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

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

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

[ ]	Treatment Restrictions	Treatment Restriction decision reached by:
		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	Details
[ ]	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 (Single Response)

( )	Vital Signs	Routine, Every 15 min Every 15 minutes x 2 hours then every 1 hour.
[ ]	Other	

Activity

[ ]	Strict bed rest	Routine, Until discontinued, Starting S

[ ]	Ambulate with assistance	Routine, 3 times daily
		Specify: with assistance
		if (answer = with assistive device)
		Device:
		if (answer = other (specify))
		Specify:

[ ]	Other	

Nursing

[ ]	Intake and output	Routine, Every shift
[ ]	Straight cath	Routine, Conditional Frequency For 2 Occurrences If unable to void, straight cath every 6 hours for two attempts.
[ ]	Insert Foley catheter	Routine, Conditional Frequency For 1 Occurrences Type: Size: Urinometer needed: After two attempts with straight cath.
[ ]	Neurological assessment	Routine, Every 15 min For 2 Hours Assessment to Perform: if (answer = Spinal exams) Perform: Area:
[ ]	NIH Stroke Scale	Routine, Once Perform on Admission.
[ ]	Intracerebral hemorrhage score	Routine, Once For 1 Occurrences
[ ]	Glasgow coma scale	Routine, Once For 1 Occurrences
[ ]	Insert feeding tube weighted	Routine, Once
[ ]	Provide educational material	Routine, Once Stroke Patient Education-Life After Stroke
[ ]	ICP Monitoring and Notify	
[ ]	ICP monitoring	Routine, Every hour Record: Monitor and record output.
[ ]	Notify Physician if Intracranial Pressure greater than or equal to 20 for more than 5 min	Routine, Until discontinued, Starting S
[ ]	Ventriculostomy drain care - Clamped	Routine, Every hour Device: Clamped Level at (cm H2O):
[ ]	Ventriculostomy drain care - Open	Routine, Every hour Device: Open Level at (cm H2O): If External Ventricular Drainage is present call MD if Intracerebral Pressure is greater than or equal to 20 for more than 5 min
[ ]	Other	

Diet

[ ]	NPO except meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: if (answer = Other) Specify:
[ ]	Dysphagia screen	Routine, Once For 1 Occurrences On admission
[ ]	Other	

Notify

[ ]	Notify Physician	Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted
[ ]	Notify Physician if Systolic BP greater than 160 mmHg	Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: 160 Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: Respiratory rate less than: SpO2 less than:
[ ]	Notify Physician for temperature GREATER than or EQUAL to 100.4 F (38 C)	Routine, Until discontinued, Starting S, For temperature GREATER than or EQUAL to 100.4 F (38 C)
[ ]	Other	

IV Fluids

IV Fluids

[ ]	sodium chloride 0.9 % infusion	intravenous, continuous
[ ]	sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous
[ ]	Other	

Peripheral IV Access

[ ]	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	

Medications

Hypertensive Urgency - Once Orders

[ ]	labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, once, For 1 Doses Systolic Blood Pressure GREATER than 160 mmHg. Administer at 2 Mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM

[ ]	hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, once, For 1 Doses
		Systolic Blood Pressure GREATER than 160 mmHg. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)
		HOLD parameters for this order:
		if (answer = Hold Parameters requested)
		HOLD for:
		if (answer = Other Systolic BP)
		Hold for Systolic BP LESS than (in mmHg):
		if (answer = Other Heart Rate)
		Hold for Heart Rate LESS than (in bpm):
		Contact Physician if:

[ ]	Other	

Hypertensive Urgency - PRN Orders

[ ]	labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM.

[ ]	hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg
		Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)
		HOLD parameters for this order:
		if (answer = Hold Parameters requested)
		HOLD for:
		if (answer = Other Systolic BP)
		Hold for Systolic BP LESS than (in mmHg):
		if (answer = Other Heart Rate)
		Hold for Heart Rate LESS than (in bpm):
		Contact Physician if:

[ ]	Other	

Seizure Management

[ ]	levETIRAcetam (KEPPRA) in sodium chloride 0.9 % 100 mL IVPB (Loading Dose)	1,000 mg, intravenous, once, For 1 Doses
[ ]	levETIRAcetam (KEPPRA) tablet (following loading dose)	500 mg, oral, every 12 hours scheduled, Starting H+12 Hours (May switch to IV if patient is unable to tolerate tablets)
[ ]	fosphenytoin (CEREBYX) IVPB (Loading Dose)	intravenous, for 30 Minutes, once, For 1 Doses
[ ]	phenytoin (DILANTIN) ER capsule (following loading dose)	100 mg, oral, every 8 hours scheduled, Starting H+8 Hours (May switch to IV if unable to tolerate capsules.)
[ ]	Other	

Propose NEW Seizure Management (Single Response)

( )	levETIRAcetam (KEPPRA) IVPB followed by levETIRAcetam (KEPPRA) oral tablet	**"Followed by" Linked Panel**
[ ]	levETIRAcetam (KEPPRA) IV Loading Dose	1,000 mg, intravenous, once, For 1 Doses
[ ]	levETIRAcetam (KEPPRA) tablet Maintenance Dose	500 mg, oral, every 12 hours, Starting H+12 Hours
( )	levETIRAcetam (KEPPRA) IVPB followed by levETIRAcetam (KEPPRA) IVPB	**"Followed by" Linked Panel**
[ ]	levETIRAcetam (KEPPRA) IV Loading Dose	1,000 mg, intravenous, once, For 1 Doses
[ ]	levETIRAcetam (KEPPRA) IV Maintenance Dose	500 mg, intravenous, every 12 hours, Starting H+12 Hours
( )	fosphenytoin (CEREBYX) IV followed by phenytoin (DILANTIN) ER oral capsule	
[ ]	fosphenytoin (CEREBYX) IVPB Loading Dose followed by phenytoin (DILANTIN) ER oral capsule	**"Followed by" Linked Panel**
[ ]	fosphenytoin (CEREBYX) IVPB loading dose	intravenous, for 30 Minutes, once, For 1 Doses
[ ]	phenytoin (DILANTIN) ER capsule	100 mg, oral, every 8 hours, Starting H+8 Hours
[ ]	Phenytoin level	AM draw repeats
[ ]	Free phenytoin level	AM draw repeats
( )	fosphenytoin (CEREBYX) IV followed by fosphenytoin (CEREBYX) IV (Single Response)	

Select Load/Maintenance by Routes of Administration:

? IVPB / IV Push
? IVPB / IVPB

Note: The IV Push Maintenance selection has the option to change route to intraMUSCULAR

( )	IVPB Loading Dose Followed by IV Push Maintenance Dose (Single Response)	
( )	Loading Dose Once Followed by Every 8 Hour Maintenance	
[ ]	Loading Dose Once Followed by Every 8 Hour Maintenance	**"Followed by" Linked Panel**
[ ]	fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[ ]	fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 8 hours, Starting H+8 Hours
[ ]	Phenytoin level	AM draw repeats
[ ]	Free phenytoin level	AM draw repeats
( )	Loading Dose Once Followed by Every 12 Hour Maintenance	
[ ]	Loading Dose Once Followed by Every 12 Hour Maintenance	**"Followed by" Linked Panel**
[ ]	fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[ ]	fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 12 hours, Starting H+12 Hours
[ ]	Phenytoin level	AM draw repeats
[ ]	Free phenytoin level	AM draw repeats
( )	Loading Dose Once Followed by Every 24 Hour Maintenance	
[ ]	Loading Dose Once Followed by Every 24 hours Maintenance	**"Followed by" Linked Panel**
[ ]	fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[ ]	fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 24 hours, Starting H+24 Hours
[ ]	Phenytoin level	AM draw repeats

[ ] Free phenytoin level	AM draw repeats

( ) IVPB Loading Dose Followed by IVPB Maintenance Dose (Single Response)

( ) Loading Dose Once Followed by Every 8 Hour Maintenance

[ ] Loading Dose Once Followed by Every 8 Hour Maintenance	**"Followed by" Linked Panel**
[ ] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[ ] fosphenytoin (CEREBYX) IVPB Maintenance Dose	intravenous, every 8 hours, Starting H+8 Hours
[ ] Phenytoin level	AM draw repeats
[ ] Free phenytoin level	AM draw repeats

( ) Loading Dose Once Followed by Every 12 Hour Maintenance

[ ] Loading Dose Once Followed by Every 12 Hour Maintenance	**"Followed by" Linked Panel**
[ ] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[ ] fosphenytoin (CEREBYX) IVPB Maintenance Dose	intravenous, every 12 hours, Starting H+12 Hours
[ ] Phenytoin level	AM draw repeats
[ ] Free phenytoin level	AM draw repeats

( ) Loading Dose Once Followed by Every 24 Hour Maintenance

[ ] Loading Dose Once Followed by Every 24 Hour Maintenance	**"Followed by" Linked Panel**
[ ] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[ ] fosphenytoin (CEREBYX) IVPB Maintenance Dose	intravenous, every 24 hours, Starting H+24 Hours
[ ] Phenytoin level	AM draw repeats
[ ] Free phenytoin level	AM draw repeats

[ ] Other

Antiemetics

[ ] ondansetron (ZOFRAN) IV or Oral	**"Or" Linked Panel**
[ ] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[ ] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

[ ] Other

Antiemetics

[ ] ondansetron (ZOFRAN) IV or Oral	**"Or" Linked Panel**

[ ]	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[ ]	ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ]	promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ]	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[ ]	Other	

Antiemetics

[ ]	ondansetron (ZOFRAN) IV or Oral	**"Or" Linked Panel**
[ ]	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[ ]	ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) IVPB or Oral or Rectal	**"Or" Linked Panel**
[ ]	promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ]	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[ ]	Other	

Medications

[ ]	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
[ ]	famotidine (PEPCID) IV or ORAL	**"Or" Linked Panel**
[ ]	famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily IV or ORAL
[ ]	famotidine (PEPCID) tablet	20 mg, oral, 2 times daily IV or ORAL
[ ]	levETIRAcetam (KEPPRA) tablet	500 mg, oral, 2 times daily
[ ]	levETIRAcetam (KEPPRA) 500 mg in sodium chloride 0.9 % 100 mL IVPB	500 mg, intravenous, for 15 Minutes, every 12 hours
[ ]	phenytoin (DILANTIN) ER capsule	100 mg, oral, every 8 hours

[ ]	phenytoin (DILANTIN) in sodium chloride 0.9 % 50 mL IVPB	100 mg, intravenous, for 15 Minutes, every 8 hours
[ ]	polyethylene glycol (MIRALAX) packet	17 g, oral, daily
[ ]	Other	

Medications - PRN

[ ]	Acetaminophen oral, per tube or rectal panel	**"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Temperature greater than 100.4 (38 C) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[ ]	acetaminophen (TYLENOL)suspension	650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Temperature greater than 100.4 (38 C) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.
[ ]	acetaminophen (TYLENOL) suppository	650 mg, rectal, every 4 hours PRN, mild pain (score 1-3), Temperature greater than 100.4 (38 C) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot take liquid.
[ ]	bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
[ ]	bisacodyl (DULCOLAX) EC tablet	5 mg, oral, daily PRN, constipation
[ ]	magnesium citrate solution	150 mL, oral, PRN, Constipation - MR x1, For 2 Doses
[ ]	magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation
[ ]	Other	

VTE

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:
Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Age 60 and above Severe fracture of hip, pelvis or leg
Central line Acute spinal cord injury with paresis
History of DVT or family history of VTE Multiple major traumas
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER
Less than fully and independently ambulatory Acute ischemic stroke
Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

( ) Low Risk of DVT

[ ] Low Risk (Single Response)

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

( ) Moderate Risk of DVT - Surgical

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

[ ] Moderate Risk

[ ] 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)	

( )	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( )	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
( )	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and 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
( )	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:

[ ]	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 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 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 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 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
( ) 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:

[ ] 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 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 - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and 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.
( )	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 (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 Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( )	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( )	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( )	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1
		Indication:
		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:

( ) 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)	
( )	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 mL/min
( )	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( )	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT 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 (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:

( ) High Risk of DVT - Surgical

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

[ ]	High Risk	
[ ]	High risk of VTE	Routine, Once
[ ]	High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
( )	Patient is currently receiving therapeutic anticoagulation	Routine, Once 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:

( ) 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 (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:

( ) 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 - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and 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.
( ) 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:

[ ] Other

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:
Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Age 60 and above Severe fracture of hip, pelvis or leg
Central line Acute spinal cord injury with paresis
History of DVT or family history of VTE Multiple major traumas
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER
Less than fully and independently ambulatory Acute ischemic stroke
Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

( ) Low Risk of DVT

[ ] Low Risk (Single Response)

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

( ) Moderate Risk of DVT - Surgical

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

[ ] Moderate Risk

[ ]	Moderate risk of VTE	Routine, Once

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

( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once 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)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and 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
( ) 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:

[ ] 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 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 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 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 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
( ) 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:

[ ] 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 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 - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and 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.
( ) 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	

Labs

Labs - STAT

[ ]	CBC and differential	STAT For 1 Occurrences
[ ]	Prothrombin time with INR	STAT For 1 Occurrences
[ ]	Partial thromboplastin time	STAT For 1 Occurrences
[ ]	Platelet function analysis	STAT For 1 Occurrences
[ ]	Basic metabolic panel	STAT For 1 Occurrences
[ ]	Troponin I	STAT For 1 Occurrences
[ ]	Anti Xa, unfractionated	STAT For 1 Occurrences
[ ]	Urine drugs of abuse screen	STAT For 1 Occurrences
[ ]	Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences Specimen Source: Urine Specimen Site:
[ ]	Other	

Labs AM

[ ]	Phenytoin level	AM draw, Starting S+1 For 1 Occurrences
[ ]	Free phenytoin level	AM draw, Starting S+1 For 1 Occurrences
[ ]	CBC and differential	AM draw, Starting S+1 For 1 Occurrences
[ ]	Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences
[ ]	Lipid panel	AM draw, Starting S+1 For 1 Occurrences
[ ]	Other	

Cardiology

Cardiology

[ ]	Electrocardiogram, 12-lead	Routine, Once For 1 Occurrences Clinical Indications: Cardiac Arrhythmia if (answer = Other:) Other: Interpreting Physician: On Admission
[ ]	Other	

Imaging

CT

[ ]	CT Head W Wo Contrast	Routine, 1 time imaging For 1 6 hours after NICU admission
[ ]	CT Head Wo Contrast	Routine, 1 time imaging For 1
[ ]	CTA Head W Wo Contrast	Routine, 1 time imaging For 1
[ ]	CTA Neck W Wo Contrast	Routine, 1 time imaging For 1

[ ]	Other	

Diagnostic MRI/MRA

[ ]	MRI Brain W Wo Contrast	Routine, 1 time imaging For 1
[ ]	MRI Brain Wo Contrast	Routine, 1 time imaging For 1
[ ]	MRI Brain Venogram	Routine, 1 time imaging For 1
[ ]	MRA Head Wo Contrast	Routine, 1 time imaging For 1
[ ]	MRA Neck Wo Contrast	Routine, 1 time imaging For 1
[ ]	Other	

X-Ray

[ ]	Chest 2 Vw	Routine, 1 time imaging For 1
[ ]	Chest 1 Vw Portable	Routine, 1 time imaging For 1
[ ]	Other	

Other Studies

Other Diagnostic Studies

[ ]	EEG (routine)	Routine, Once Clinical Indication: if (answer = Other) Specify: Testing Location: Testing Duration:
[ ]	Continuous EEG monitoring	Routine, Daily imaging For 7 Days, For 7 Days DO NOT CLICK DISCONTINUE BUTTON: PLACE THE DISCONTINUE-CONTINUOUS MONITORING EEG order (NEU103) if this order needs to be discontinued. Clinical Indication: if (answer = Other) Specify: Testing Location: Record Video?
[ ]	Other	

Respiratory

Respiratory Therapy

[ ]	Oxygen therapy - Nasal cannula	Routine, Continuous
		Device 1: Nasal Cannula
		if (answer = Nasal Cannula)
		Rate in liters per minute:
		Rate in tenths of a liter per minute:
		O2 %:
		if (answer = Other (Specify))
		Specify O2 %:

if (answer = Simple Face Mask)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = High Flow Nasal Cannula (HFNC))
Rate in liters per minute:
Rate in liters per minute:
if (answer = Other (Specify))
Specify lpm:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Non-rebreather mask)
Rate in liters per minute:
if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or (answer = Trach Collar)
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Venturi Mask)
FiO2:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Other (Specify))
Specify:
Rate in liters per minute: 2 lpm
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Titrate to keep O2 Sat Above: Other (Specify)
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
Specify titration to keep O2 Sat (%) Above: 94
Indications for O2 therapy: Respiratory distress
if (answer = Other (Specify))
Specify:
Device 2:
if (answer = Nasal Cannula)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:

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

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

[ ]	Pulse oximetry check	Routine, Daily Current FIO2 or Room Air:
[ ]	Other	

Consults

For Physician Consult orders use sidebar

Consults

[ ]	Consult to Social Work	Reason for Consult: Discharge Planning if (answer = Other Specify) Specify:
[ ]	Consult to PT eval and treat	Special Instructions: Weight Bearing Status:
[ ]	Consult to OT eval and treat	Special Instructions: Weight Bearing Status:

[ ]	Consult to Case Management	Consult Reason: Discharge Planning
		if (answer = Other specify)
		Specify:
		if (answer = Home Health)
		Face-to-Face Date:
		Reasons for Home Health Care:
		Home Health Services:
		if (answer = Skilled Nursing Evaluation & Treatment)
		Times per week:
		For:
		Days/Week/Weeks:

if (answer = Physical Therapy Evaluation & Treatment)
(PT) Times per week:
For:
Days/Week/Weeks:
if (answer = Occupational Therapy Evaluation & Treatment)
Times per week:
For:
Days/Week/Weeks:
if (answer = Speech Language Pathology Evaluation & Treatment)
Times per week:
For:
Days/Week/Weeks:
if (answer = Social Worker)
Times per week:
For:
Days/Week/Weeks:
if (answer = Home Health Aide)
Times per week:
For:
Days/Week/Weeks:
if (answer = Home Infusion)
IV infusion needs:
if (answer = Labs)
IV Infusion Labs:
Every:
Lab results called to:
if (answer = IV Fluids)
Solution:
How often:
Start date:
Stop date:
if (answer = Antibiotics)
Antibiotic(s), please list:
Start date:
Stop date:
if (answer = Nutritional Supplies)
Nutritional DME:
if (answer = Bolus feeding)
Rate:
Formula:
if (answer = Continuous feeding)
Rate:
Formula:
if (answer = Home Wound Care)
Wound care questions:
if (answer = Dressing Instructions)
How often:
Clean with:
Cover with:

Duration:
if (answer = Pleurx)
PleurX choices:
Change every:
PleurX Duration:
if (answer = Wound vac)
Change how often:
Pressure (mmHg):
Therapy Settings:
if (answer = Other)
Specify:
if (answer = Dynamic Pressure Control)
DCP Ratio:
Intensity:
Foam Type:
Type of Wound:
if (answer = Other)
Specify:
if (answer = Ostomy supplies)
Special ostomy supplies:
Clinical Findings:
if (answer = Other:)
Other Clinical Findings:
Homebound Status:
if (answer = Other:)
Other Homebound Status:
if (answer = Leaving home is medically contraindicated due to)
Contraindication:
Special Instructions:
Resume home health services with previous home health agency prior to the hospital admission:
Face to Face Cert Statement:
if (answer = DME)
DME Diagnosis:
Type of DME:
if (answer = Mobility Aids)
MOBILITY AIDS: Per Payer requirements; only ONE Mobility Aid may be chosen from this list:
if (answer = Walkers (With 5 inch Wheels))
Walkers (With 5 inch wheels):
if (answer = Walkers (Without Wheels))
Walkers (Without Wheels):
if (answer = Wheelchair)
Wheelchair:
if (answer = Canes)
Canes:
if (answer = Crutches)
Crutches:
if (answer = 3 in 1 Bedside Commode)

3-in-1 Bedside Commode:
if (answer = Respiratory Equipment)
Oxygen:
if (answer = O2 Portable Gas)
Continuous or PRN Oxygen:
O2 Duration:
O2 Sat on Room Air, at Rest %:
O2 Sat on Room Air, During Exertion %:
O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%):
O2 Device:
O2 Flowrate (L/Min) Setting:
INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Oxygen: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Nebulizer)
Nebulizer Med:
if (answer = Albuterol)
Albuterol dose:
if (answer = Xopenex)
Xopenex dose:
if (answer = Mucomyst)
Mucomyst dose:
if (answer = Atrovent)
Atrovent dose:
INDICATIONS for Ordering Nebulizer: Must enter Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Nebulizer: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Trach supplies)
Type:
Size of tube:
if (answer = Home ventilator)
Home ventilator settings:
if (answer = CPAP)
Pressure:
if (answer = BIPAP)
IPAP:
EPAP:
if (answer = O2 Bleed in Rate)
Liter flow:
if (answer = Portable O2 Generator)

	Continuous or PRN Oxygen:
	O2 Duration:
	O2 Sat on Room Air, at Rest %:
	O2 Sat on Room Air, During Exertion %:
	O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%):
	O2 Device:
	O2 Flowrate (L/Min) Setting:
	INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms:
	if (answer = Lung Disease Diagnosis)
	INDICATIONS for Ordering Oxygen: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
	if (answer = Hypoxia Related Symptoms)
	Hypoxia Related Symptoms:
	if (answer = Hospital Bed)
	Hospital Bed:
	if (answer = Gel Overlay)
	Indicate which of the following conditions describe the patient. Answer all that apply:
	if (answer = Alternating Pressure Mattress)
	Indicate which of the following conditions describe the patient. Answer all that apply:
	if (answer = Low Air Loss Mattress)
	Additional Medical Information - select all that apply:
	if (answer = Semi-Electric Hospital Bed with Split Siderails)
	Pressure ulcer - check all that apply:
	if (answer = Semi-Electric Hospital Bed with Full Rails)
	Pressure ulcer - check all that apply:
	if (answer = Other Equipment (specify))
	Other Equipment:
	if (answer = Other (specify))
	Other:
	if (answer = Diabetic supplies)
	Diabetic supplies:
	Face-to-Face Date:
	Clinical Findings:
	if (answer = Other:)
	Other Clinical Findings:
	Special Instructions:

[ ] Consult to Speech Language Pathology	Routine, Once Consult Reason: Dysphagia,Dysarthria if (answer = Other specify) Specify:

[ ]	Consult to Spiritual Care	Reason for consult?
		if (answer = Catholic Priest)
		Reason for contacting Catholic Priest:
		if (answer = Other Specify)
		Specify:
		if (answer = Advance Directive)
		Is the patient alert and oriented?
		if (answer = No)
		No, Patient does not have capcaity:
		if (answer = Other Specify)
		Specify:

[ ]	Other	