

General

Common Present on Admission Diagnosis

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

Admission or Observation (Single Response) (Selection Required)

<input type="radio"/>	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.
<input type="radio"/>	Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
<input type="radio"/>	Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:

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:

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.

Code Status

Full code Code Status decision reached by:

DNR (Selection Required)

DNR (Do Not Resuscitate) Does patient have decision-making capacity?

Consult to Palliative Care Service Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Consult to Social Work Reason for Consult:

Modified Code Does patient have decision-making capacity?

Modified Code restrictions:

Treatment Restrictions Treatment Restriction decision reached by:

Specify Treatment Restrictions:

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

Precautions

Aspiration precautions Details

Fall precautions Increased observation level needed:

Latex precautions Details

Seizure precautions Increased observation level needed:

Nursing

Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 4 hours
<input type="checkbox"/> Pulse oximetry	Routine, Continuous Current FIO2 or Room Air: Notify attending if oxygen saturation is less than 92%

Activity

<input checked="" type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bedside commode	Routine, Until discontinued, Starting S Bathroom Privileges: with bedside commode
<input type="checkbox"/> Out of bed - up in chair	Routine, Until discontinued, Starting S Specify: Out of bed, Up in chair Additional modifier:
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance

Nursing

<input checked="" type="checkbox"/> Telemetry	"And" Linked Panel
<input checked="" type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Acute decompensated heart failure/pulmonary edema Can be off of Telemetry for tests and baths? Yes
<input checked="" type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
<input checked="" type="checkbox"/> Strict intake and output	Routine, Every hour
<input checked="" type="checkbox"/> Daily weights	Routine, Daily Notify attending if weight increases greater than 0.5 kilograms from previous day.
<input checked="" type="checkbox"/> Saline lock IV	Routine, Continuous
<input type="checkbox"/> Intake and Output	Routine, Every 2 hours Urine Output
<input type="checkbox"/> Intake and output	Routine, Every 8 hours Document urine output in Epic every 8 hours.
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
<input type="checkbox"/> CV pacemaker defib or ilr interrogation	Routine, Once
<input type="checkbox"/> Patient education: Start heart failure video	Routine, Once Patient/Family: Education for: CHF education Start Heart Failure video

<input type="checkbox"/> Patient education: Provide Heart Failure Packet	Routine, Once Patient/Family: Education for: CHF education Provide patient with Heart Failure packet
<input type="checkbox"/> Patient education: Provide discharge agreement for review	Routine, Once Patient/Family: Education for: Discharge Provide patient with Discharge Agreement for review.

Diet

<input checked="" type="checkbox"/> Diet- 2 GM Sodium	Diet effective now, Starting S Diet(s): 2 GM Potassium Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Fluid Restriction 1500 ml Foods to Avoid:
<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input type="checkbox"/> NPO - except meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options:
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

Notify

<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: 50 MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 25 Respiratory rate less than: 8 SpO2 less than: 92
<input type="checkbox"/> Notify Physician for failure to reach urine output goal	Routine, Until discontinued, Starting S, Failure to reach urine output goal of *** milliliters within *** hours

IV Fluids

Peripheral IV Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input type="checkbox"/> Insert peripheral IV	Routine, Once
<input type="checkbox"/> sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, every 12 hours scheduled
<input type="checkbox"/> sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, PRN, line care

Medications

ACE/ARB Inhibitors

<input type="checkbox"/> enalapril (VASOTEC) tablet	2.5 mg, oral, 2 times daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> enalaprilat (VASOTEC) injection	0.625 mg, intravenous, every 6 hours HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> ramipril (ALTACE) capsule	2.5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> losartan (COZAAR) tablet	50 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> valsartan (DIOVAN) tablet	80 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. HOLD parameters for this order: Contact Physician if:

PRN Blood Pressure Agents

<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours PRN, high blood pressure, SBP GREATER than 180 mmHg May be given IN ADDITION TO scheduled doses if needed. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> labetalol (TRANDATE) injection	10 mg, intravenous, every 5 min PRN, high blood pressure, systolic blood pressure greater than 160 mmHg Hold if heart rate less than 65 or patient having respiratory difficulties. Notify MD if patient requires 2 doses at any given time.
<input type="checkbox"/> enalaprilat (VASOTEC) injection	1.25 mg, intravenous, every 6 hours PRN, high blood pressure, blood pressure control HOLD for systolic blood pressure less than 100 mmHg HOLD parameters for this order: Contact Physician if:

Beta-Blockers

<input type="checkbox"/> carvedilol (COREG) tablet	6.25 mg, oral, 2 times daily at 0600, 1800 HOLD if systolic blood pressure is LESS THAN 90 millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN 55 beats per minute. Notify physician if medication is held. Give beta blockers with food and at least 2 hours apart from ACE Inhibitor or Angiotensin Receptor Blocker medication. HOLD parameters for this order: Contact Physician if:
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<input type="checkbox"/> metoprolol succinate XL (TOPROL-XL) 24 hr tablet	25 mg, oral, daily at 0600 HOLD if systolic blood pressure is LESS THAN 90 millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN 55 beats per minute. Notify physician if medication is held. Give beta blockers with food and at least 2 hours apart from ACE Inhibitor or Angiotensin Receptor Blocker medication. HOLD parameters for this order: Contact Physician if:
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<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800 HOLD if systolic blood pressure is LESS THAN 90 millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN 55 beats per minute. Notify physician if medication is held. Give beta blockers with food and at least 2 hours apart from ACE Inhibitor or Angiotensin Receptor Blocker medication. HOLD parameters for this order: Contact Physician if:
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Inotropic Agents

<input type="checkbox"/> digoxin (LANOXIN) 0.125 mg injection	0.125 mg, intravenous, daily
<input type="checkbox"/> digoxin (LANOXIN) 0.125 mg tablet	0.125 mg, oral, daily
<input type="checkbox"/> DOPamine (INTROPIN) infusion	3.2 mcg/kg/min, intravenous, continuous
<input type="checkbox"/> milrinone infusion 200 mcg/mL (premixed)	0.25 mcg/kg/min, intravenous, continuous
<input type="checkbox"/> DOButamine (DOBUTREX) infusion	5 mcg/kg/min, intravenous, continuous Call for heart rate greater than 115 or systolic blood pressure less than 100

Loop Diuretics (Single Response)

<input type="checkbox"/> furosemide (LASIX) 20 mg injection	20 mg, intravenous, 2 times daily at 0900, 1700
<input type="checkbox"/> furosemide (LASIX) infusion	5 mg/hr, intravenous, continuous
<input type="checkbox"/> bumetanide (BUMEX) 0.5 mg injection	0.5 mg, intravenous, 2 times daily at 0900, 1700 Max dose 10 mg/day

Non-Loop Diuretics

<input type="checkbox"/> spironolactone (ALDACTONE) tablet	25 mg, oral, daily
<input type="checkbox"/> eplerenone (INSPRA) tablet	25 mg, oral, daily
<input type="checkbox"/> metolazone (ZAROXOLYN) tablet	5 mg, oral, daily

Nitrates

<input type="checkbox"/> nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses Contact physician if given.
<input type="checkbox"/> isosorbide mononitrate (MONOKET) tablet	oral, 2 times daily HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> nitroglycerin (NITROSTAT) 2 % ointment	0.5 inch, Topical, every 6 hours scheduled
<input type="checkbox"/> nitroglycerin patch	0.2 mg, transdermal, daily Remove before bedtime
<input type="checkbox"/> isosorbide mononitrate (IMDUR) 24 hr tablet	60 mg, oral, daily HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> isosorbide dinitrate (ISORDIL) tablet	20 mg, oral, 3 times daily at 0900, 1300, 1700
<input type="checkbox"/> nitroglycerin (TRIDIL) 2 mcg/mL in sodium chloride 0.9 % 250 mL infusion	5 mcg/min, intravenous, continuous HOLD if systolic blood pressure is LESS THAN 100 millimeters of mercury OR heart rate is LESS than 55 beats per minute.

Platelet Inhibitors

<input type="checkbox"/> aspirin chewable 81 mg tablet	81 mg, oral, daily
<input type="checkbox"/> prasugrel (EFFIENT) + consult (Selection Required)	"And" Linked Panel
<input type="checkbox"/> prasugrel (EFFIENT) tablet	oral, daily

<input type="checkbox"/> prasugrel (EFFIENT) consult	STAT, Once For 1 Occurrences Which drug do you need help dosing? prasugrel (EFFIENT)
<input type="checkbox"/> ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily
<input type="checkbox"/> clopidogrel (PLAVIX) 75 mg tablet	75 mg, oral, daily

Miscellaneous Agents

<input type="checkbox"/> hydralazine 37.5 mg / isosorbide dinitrate 20 mg (BIDIL)	"And" Linked Panel
<input type="checkbox"/> hydrALAZINE (APRESOLINE) tablet	37.5 mg, oral, every 8 hours scheduled To be taken with isosorbide dinitrate 20 mg oral tablet HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> isosorbide dinitrate (ISORDIL) tablet	20 mg, oral, every 8 hours scheduled To be taken with hydralazine 37.5 mg oral tablet
<input type="checkbox"/> hydralazine (APRESOLINE) IV or Oral Scheduled Doses	"Or" Linked Panel
<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours scheduled Hold if systolic blood pressure is LESS than or EQUAL to 100 mmHg. Give if patient cannot swallow or tolerate oral medication. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> hydrALAZINE (APRESOLINE) tablet	25 mg, oral, every 6 hours scheduled Hold if systolic blood pressure is LESS than or EQUAL to 100 mmHg. HOLD parameters for this order: Contact Physician if:

Insomnia: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep

Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response)

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
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Anxiolytics (Single Response)

<input type="checkbox"/> LORazepam (ATIVAN) tablet	0.5 mg, oral, every 4 hours PRN, anxiety Indication(s): Anxiety
<input type="checkbox"/> ALPRAZolam (XANAX) tablet	0.25 mg, oral, every 8 hours PRN, anxiety Indication(s): Anxiety

VTE

DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

	URL: "\appt1.pdf"
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
<input type="checkbox"/> LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk factors	
<input type="checkbox"/> Low Risk (Single Response) (Selection Required)	
<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
<input type="checkbox"/> MODERATE Risk of DVT - Surgical (Selection Required)	

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis **"And" Linked Panel**
BUT order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

Contraindications exist for pharmacologic prophylaxis **"And" Linked Panel**
AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1

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

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

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:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

- | | |
|--|--|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |

MODERATE Risk of DVT - Non-Surgical (Selection Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

- | | |
|---|---------------|
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |
|---|---------------|

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

- | | |
|--|---------------------------|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device | "And" Linked Panel |
|--|---------------------------|

- | | |
|--|---|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s): |
|--|---|

- | | |
|--|---------------------|
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
|--|---------------------|

- | | |
|---|---------------------------|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis | "And" Linked Panel |
|---|---------------------------|

- | | |
|--|---|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s): |
|--|---|

- | | |
|---|--|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s): |
|---|--|

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

- | | |
|---|--|
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |

- | | |
|---|--|
| <input type="checkbox"/> 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): |
|---|--|

<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Selection Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis must be addressed.		
One or more of the following medical conditions:		
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)		
Severe fracture of hip, pelvis or leg		
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
<input type="checkbox"/> High Risk (Selection Required)		
<input type="checkbox"/>	High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
<input type="checkbox"/>	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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):
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:

<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis must be addressed.		
One or more of the following medical conditions:		
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)		
Severe fracture of hip, pelvis or leg		
Acute spinal cord injury with paresis		
Multiple major traumas		
Abdominal or pelvic surgery for CANCER		
Acute ischemic stroke		
History of PE		
<input type="checkbox"/> High Risk (Selection Required)		
<input type="checkbox"/>	High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
<input type="checkbox"/>	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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):
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous

() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)

[] High risk of VTE Routine, Once

[] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

() Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

() apixaban (ELIQUIS) tablet 2.5 mg, oral, every 12 hours, Starting S+1
Indications:

() aspirin chewable tablet 162 mg, oral, daily, Starting S+1

() aspirin (ECOTRIN) enteric coated tablet 162 mg, oral, daily, Starting S+1

() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

() 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-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:

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

() Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S
Indication:

[] Mechanical Prophylaxis (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

URL: "\appt1.pdf"

<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
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<input type="checkbox"/> LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk factors	

Low Risk (Single Response) (Selection Required)

<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
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MODERATE Risk of DVT - Surgical (Selection Required)

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
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
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

Moderate Risk (Selection Required)

<input type="checkbox"/> Moderate risk of VTE	Routine, Once
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Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	"And" Linked Panel
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<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
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<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
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<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
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<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
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<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
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<input type="checkbox"/> 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
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<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> MODERATE Risk of DVT - Non-Surgical (Selection Required)	
Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.	
<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	"And" Linked Panel
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> 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

() 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
() 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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() HIGH Risk of DVT - Surgical (Selection Required)	Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
() 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
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() HIGH Risk of DVT - Non-Surgical (Selection Required)	

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

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily, Starting S+1

patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily, Starting S+1
For Patients with CrCL LESS than 30 mL/min

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

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:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S
Indication:

HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

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

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

apixaban (ELIQUIS) tablet 2.5 mg, oral, every 12 hours, Starting S+1
Indications:

aspirin chewable tablet 162 mg, oral, daily, Starting S+1

aspirin (ECOTRIN) enteric coated tablet 162 mg, oral, daily, Starting S+1

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

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.

<input type="checkbox"/> 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.
<input type="checkbox"/> 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
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> 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.
<input type="checkbox"/> 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:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
<input type="checkbox"/> LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk factors	
<input type="checkbox"/> Low Risk (Single Response) (Selection Required)	
<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
<input type="checkbox"/> MODERATE Risk of DVT - Surgical (Selection Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: 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 Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis **"And" Linked Panel**

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1

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

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

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:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

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 (Selection Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis - **"And" Linked Panel**
Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

Contraindications exist for pharmacologic prophylaxis **"And" Linked Panel**
AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S

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

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

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:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

- | | |
|--|--|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |

HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

- | | |
|---|---------------|
| <input type="checkbox"/> High risk of VTE | Routine, Once |
|---|---------------|

High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

- | | |
|--|--|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 (TIME CRITICAL), Starting S+1
Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S
Indication: |

Mechanical Prophylaxis (Single Response) (Selection Required)

- | | |
|--|--|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |

HIGH Risk of DVT - Non-Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S

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

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

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:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

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) (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

apixaban (ELIQUIS) tablet 2.5 mg, oral, every 12 hours, Starting S+1
Indications:

aspirin chewable tablet 162 mg, oral, daily, Starting S+1

aspirin (ECOTRIN) enteric coated tablet 162 mg, oral, daily, Starting S+1

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

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-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:

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

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

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

Labs

Chemistry

<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	B-type natriuretic peptide	Once
<input type="checkbox"/>	Calcium	Once
<input type="checkbox"/>	Comprehensive metabolic panel	Once
<input type="checkbox"/>	Digoxin level	Once
<input type="checkbox"/>	Hemoglobin A1c	Once
<input type="checkbox"/>	Lipid panel	Once
<input type="checkbox"/>	Magnesium	Once
<input type="checkbox"/>	Potassium	Once
<input type="checkbox"/>	T4, free	Once
<input type="checkbox"/>	Troponin	Once
<input type="checkbox"/>	TSH	Once

Hematology

<input type="checkbox"/>	CBC hemogram	Once
<input type="checkbox"/>	CBC with differential	Once

Coagulation

<input type="checkbox"/>	D-dimer	Once
<input type="checkbox"/>	Partial thromboplastin time	Once
<input type="checkbox"/>	Prothrombin time with INR	Once

Repeating Labs

<input type="checkbox"/>	Basic metabolic panel	AM draw repeats For 3 Days
<input type="checkbox"/>	B natriuretic peptide	AM draw repeats For 3 Days
<input type="checkbox"/>	Troponin	Now then every 4 hours For 2 Occurrences
<input type="checkbox"/>	Troponin	Every 8 hours For 3 Occurrences
<input type="checkbox"/>	CBC with differential	AM draw repeats For 3 Days
<input type="checkbox"/>	Magnesium	AM draw repeats For 3 Days
<input type="checkbox"/>	Phosphorus	AM draw repeats For 3 Days
<input type="checkbox"/>	Troponin	AM draw repeats For 3 Days

Cardiac Imaging

Echocardiogram is recommended if new onset CHF, if no echo has been done in previous 6 months, or if patient has change in previously stated symptoms.

ECG

<input type="checkbox"/>	ECG 12 lead	Routine, Every 4 hours For 2 Occurrences Clinical Indications: Interpreting Physician:
<input type="checkbox"/>	ECG 12 lead	Routine, Once Clinical Indications: CHF Interpreting Physician:

X-Ray

<input checked="" type="checkbox"/>	Chest 1 Vw Portable	STAT, 1 time imaging For 1
<input type="checkbox"/>	Chest 2 Vw	Routine, 1 time imaging For 1
<input type="checkbox"/>	Chest 1 Vw Portable	Routine, Daily imaging For 3 Occurrences
<input type="checkbox"/>	Abdomen 1 Vw	Routine, 1 time imaging For 1

Ultrasound

<input type="checkbox"/>	Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging
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CT

<input type="checkbox"/> CT Chest W Contrast	Routine, 1 time imaging For 1 Pulmonary Embolism protocol
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Myocardial Perfusion

<input type="checkbox"/> Myocardial perfusion	Routine, 1 time imaging
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MRI/MRA

<input type="checkbox"/> Cardiac MRI function viability chf evaluation	Routine, 1 time imaging For 1
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Imaging

Other Diagnostic Studies

Respiratory

Respiratory

<input type="checkbox"/> CPAP	Routine, RT - At bedtime Instructions for As Directed: Bubble CPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min): FiO2:
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<input type="checkbox"/> BIPAP	Routine, Once Instructions for As Directed: Mode: Resp Rate (breaths/min): IPAP (cm H2O): EPAP (cm H2O): O2 Bleed In (L/min): FiO2:
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<input checked="" type="checkbox"/> Oxygen therapy	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Hypoxemia
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<input type="checkbox"/> Mechanical ventilation	Routine Mechanical Ventilation: Vent Management Strategies:
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Rehab

Consults

Consults

<input type="checkbox"/> CV pacemaker or icd interrogation	Routine, Once
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? if patient status requires oxygen, ABG, nebulized medications, BIPAP, or endotracheal tube, for management of airway and oxygenation.
<input type="checkbox"/> Consult to Cardiac Rehab Phase 1	Routine, Once Clinical Indications: Heart Failure Please evaluate patient for out patient cardiac rehabilitation.
<input type="checkbox"/> Consult to Case Management	Consult Reason: Home Evaluation

<input type="checkbox"/> Consult to Social Work	Reason for Consult: Home Evaluation
<input type="checkbox"/> Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to Palliative Care	Reason for Consult? Name of referring provider: Enter call back number:

Consults HMH & HMSL ONLY

<input checked="" type="checkbox"/> Heart Failure NP Consult	Reason for consult:
<input type="checkbox"/> CV pacemaker or icd interrogation	Routine, Once
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? if patient status requires oxygen, ABG, nebulized medications, BIPAP, or endotracheal tube, for management of airway and oxygenation.
<input type="checkbox"/> Consult to Cardiac Rehab Phase 1	Routine, Once Clinical Indications: Heart Failure Please evaluate patient for out patient cardiac rehabilitation.
<input type="checkbox"/> Consult to Case Management	Consult Reason: Home Evaluation
<input type="checkbox"/> Consult to Social Work	Reason for Consult: Home Evaluation
<input type="checkbox"/> Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to Palliative Care	Reason for Consult? Name of referring provider: Enter call back number:

Additional Orders