### COVID-19 Adult General Admission [4431]

This order set is intended for Admission and treatment of CONFIRMED COVID-19 patients by authorized Pulmonary, Critical Care, and Infectious Diseases service line providers.

URL:

 $\verb|"https://fparchives.com/houstonmethodist/documents/HM|\\$ 

%20COVID%20algorithm.pdf" URL: "\appt119 Precautions.pdf"

	<u> </u>
General	
COVID-19 Present on Admission	
[X] COVID-19 virus detected	Details
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.
Admission or Observation (Single Response) (Selecti	ion Required)
() 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 or Observation (Single Response) Patient has 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 or Observation (Single Response) (Selection R	equired)
() 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.
( ) Admit to ID University Teaching Carries	
() Admit to IP- University Teaching Service	Diagnosis:
	Admitting Physician: Resident Physician:
	Resident team assignment: Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgement
	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.
	To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713)
	363-9648 and ask for the team taking care of the patient to be
	paged. The team name is listed in both "Treatment Teams"
	and "Notes from Clinical Staff" sections in the
	Summary\Overview tab of Epic.
() Outpatient observation services under general	Diagnosis:
() Outpatient observation services under general supervision	Admitting Physician:
Supervision	Patient Condition:
	Bed request comments:
( ) LITS Outpatient observation convices under general	Diagnosis:
<ul> <li>UTS - Outpatient observation services under general supervision</li> </ul>	Admitting Physician:
Supervision	Resident Physician:
	Resident team assignment: Patient Condition:
	Bed request comments:
	To reach the team taking care of this patient please call the
	University Teaching Service Answering Service at (713)
	363-9648 and ask for the team taking care of the patient to be
	paged. The team name is listed in both "Treatment Teams"
	and "Notes from Clinical Staff" sections in the
	Summary\Overview tab of Epic.
() Outpatient in a bed - extended recovery	Diagnosis:
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	Ded request comments.
Admission or Observation (Single Response) Patient has active status order on file	
() Admit to innation	Diagnosis:
() 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.
	JULY 10ES TOLE WOODE HINDE HINDHIGHTO.

() Admit to IP- University Teaching Service	Diagnosis:
	Admitting Physician:
	Resident Physician:
	Resident team assignment:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgement
	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.
	To reach the team taking care of this patient please call the
	University Teaching Service Answering Service at (713)
	363-9648 and ask for the team taking care of the patient to be
	paged. The team name is listed in both "Treatment Teams"
	and "Notes from Clinical Staff" sections in the
() Outpotiont phoenistics conductive to the second	Summary\Overview tab of Epic.
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
	Patient Condition:
	Bed request comments:
() UTS - Outpatient observation services under gen	neral Diagnosis:
supervision	Admitting Physician:
	Resident Physician:
	Resident team assignment:
	Patient Condition:
	Bed request comments:
	To reach the team taking care of this patient please call the
	University Teaching Service Answering Service at (713)
	363-9648 and ask for the team taking care of the patient to be
	paged. The team name is listed in both "Treatment Teams"
	and "Notes from Clinical Staff" sections in the
	Summary\Overview tab of Epic.
() Outpatient in a bed - extended recovery	Diagnosis:
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
Code Status	
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:
L1 Solicate to Familian Court Convictor	Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	
[] 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:
I .	

#### Isolation

ACUTE CARE PATIENT WITH NO AEROSOL GENERATING PROCEDURES PATIENT WITH INTERMITTENT AEROSOL GENERATING TREATMENT/PROCEDURES CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL GENERATING TREATMENT/PROCEDURES

Precautions Standard + Droplet + Contact + Eye Protection Standard + Modified Droplet + Contact + Eye Protection Standard + Airborne + Contact + Eye Protection

<ul><li>Acute care patient with no aerosol generating procedures</li></ul>	
[] Droplet isolation status	Include eye protection
[] Contact isolation status	Include eye protection
Patient with intermittent aerosol generating	· ·
treatment/procedures	
[] Modified droplet isolation status	Include eye protection
[] Contact isolation status	Include eye protection
[] Critical care patient with continuous aerosol gener treatment/procedures	rating
[] Airborne isolation status	Include eye protection
[] Contact isolation status	Include eye protection
AEROSOL GENERATING TREATMENT/PROCED GENERATING TREATMENT/PROCEDURES	ENERATING PROCEDURES PATIENT WITH INTERMITTENT PURES CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL rotection Standard + Modified Droplet + Contact + Eye Protection
Acute care patient with no aerosol generating procedures	
Droplet isolation status	Include eye protection
[] Contact isolation status	Include eye protection
[] Patient with intermittent aerosol generating treatment/procedures	
[] Modified droplet isolation status	Include eye protection
[] Contact isolation status	Include eye protection
<ul> <li>Critical care patient with continuous aerosol gener treatment/procedures</li> </ul>	rating
[] Airborne isolation status	Include eye protection
[] Contact isolation status	Include eye protection
	mendad dyd protoculon
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital signs (Selection Required)  Vital signs with link to algorithm of Stepwise management	lement of Hypoxemia
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol For Until specified
[X] Pulse oximetry continuous	Routine, Continuous For Until specified
	Current FIO2 or Room Air:
Activity (Selection Required)	
[X] Strict bed rest	Routine, Until discontinued, Starting S
[] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
[1] Up with accistance	Bathroom Privileges: with bathroom privileges
[] Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance
[] Activity as tolerated	Routine, Until discontinued, Starting S
,	Specify: Activity as tolerated
Nursing	
Nursing	

[X] Limit repeated entry to room	Routine, Until discontinued, Starting S For Until specified
	Batch all care and work with pharmacy and providers to limit repeated entry to patient care room.
[] Intake and output every shift	Routine, Every shift
[] Incentive spirometry	Routine, Once
[] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box)
	Reason for telemetry:
	Can be off of Telemetry for tests and baths? Yes
[] 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
[] Daily weights	Routine, Daily
, ,	· •
Notify	
[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S
	Temperature greater than:
	Temperature less than:
	Systolic BP greater than:
	Systolic BP less than: Diastolic BP greater than:
	Diastolic BP less than:
	MAP less than: 65
	Heart rate greater than (BPM): 120
	Heart rate less than (BPM): 60
	Respiratory rate greater than:
	Respiratory rate less than:
	SpO2 less than: 92
<ul><li>[X] Notify Physician for any acute changes in patient conditions (mental status, RR, O2 requirement, or vital sign changes)</li></ul>	Routine, Until discontinued, Starting S For Until specified, For other critical values.
Diet (Selection Required)	
[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:
[] NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM
	NPO: Pre-Operative fasting options:
[] Diet- Regular	Diet effective now, Starting S
[] Diet- Negulai	Diet enective now, Starting S Diet(s): Regular
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet- Clear Liquid	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:

[] Diet- Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
IV Fluids-IV fluids for COVID-19 should	d be minimized.
Insert and Maintain IV / Central line access. IV fluid	ds for COVID-19 Should be Minimized.
[X] Insert and Maintain IV	"And" Linked Panel
[X] Insert peripheral IV	STAT, Once For 1 Occurrences
[X] Saline lock IV	Routine, Once For 1 Occurrences
[X] sodium chloride 0.9 % flush [] Consult for Venous Access	10 mL, intravenous, PRN, line care  Access:
[] Consult for verious Access	If GFR less than 45, has nephrology been consulted?
Medications	
Antipyretics	
[] acetaminophen (TYLENOL) tablet	500 mg, oral, every 4 hours PRN, fever, Fever GREATER than 100.5 F
Antitussives (Single Response)	
( ) guaiFENesin (MUCINEX) 12 hr tablet	1,200 mg, oral, every 12 hours PRN, cough
() dextromethorphan-guaifenesin (ROBITUSSIN-DN 10-100 mg/5 mL liquid	·
( ) benzonatate (TESSALON) capsule	200 mg, oral, every 8 hours PRN, cough
General COVID-19 Treatment Screen patients for benefit of inclusion in HM COVI	URL: "https://fparchives.com/houstonmethodist/documents/HM%20COVID%20algorithm.pdf" URL: "https://fparchives.com/houstonmethodist/documents/HM
	%20COVID%20IND.pdf"
[X] Pharmacy Consult: COVID-19 Medication Manage	ement Routine, Until discontinued, Starting S Which drug do you need help dosing? COVID-19 medications Contact Number: Consulting ID service
[] azithromycin (ZITHROMAX) IV or Oral (Single Response)	
() azithromycin (ZITHROMAX) IV	"Followed by" Linked Panel
[] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, once, For 1 Doses Reason for Therapy: Bacterial Infection Documented Indication: Other Specify: COVID-19
[] azithromycin (ZITHROMAX) IV	250 mg, intravenous, for 60 Minutes, daily, Starting S+1, For 4 Doses Reason for Therapy: Bacterial Infection Documented Indication: Other Specify: COVID-19
() azithromycin (ZITHROMAX) oral	"Followed by" Linked Panel
[] azithromycin (ZITHROMAX) tablet	500 mg, oral, once, For 1 Doses Reason for Therapy: Bacterial Infection Documented Indication: Other Specify: COVID-19
[] azithromycin (ZITHROMAX) tablet	250 mg, oral, daily, Starting S, For 4 Doses Reason for Therapy: Bacterial Infection Documented Indication: Other Specify: COVID-19

<ul><li>hydroxychloroquine (PLAQUENIL) (Single Respo</li><li>hydroxychloroquine (PLAQUENIL) tablet</li></ul>	"Followed by" Linked Panel
[] hydroxychloroquine (PLAQUENIL) tablet	800 mg, oral, once, For 1 Doses
[] Hydroxychioroquine (FLAQOENIL) tablet	New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers Are you an ID, Pulmonology or Critical Care provider?
[] hydroxychloroquine (PLAQUENIL) tablet	400 mg, oral, daily at 1300, For 4 Doses  New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers Are you an ID, Pulmonology or Critical Care provider?
() hydroxychloroquine (PLAQUENIL) oral suspen	sion "Followed by" Linked Panel
[] hydroxychloroquine (PLAQUENIL) oral suspension	800 mg, oral, once, For 1 Doses  New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers Are you an ID, Pulmonology or Critical Care provider?
[] hydroxychloroquine (PLAQUENIL) oral suspension	400 mg, oral, daily at 1300, For 4 Doses  New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers Are you an ID, Pulmonology or Critical Care provider?
] lopinavir-ritonavir (KALETRA) (Single Response	•
() lopinavir-ritonavir (KALETRA) tablet	2 tablet, oral, 2 times daily Reason for Therapy: Viral Infection Documented Indication: Other Specify: COVID-19 New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers. Are you an ID, Pulmonology or Critical Care provider?
() lopinavir-ritonavir (KALETRA) oral solution	5 mL, oral, 2 times daily Reason for Therapy: Viral Infection Documented Indication: Other Specify: COVID-19 New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers. Are you an ID, Pulmonology or Critical Care provider?
] ribavirin (REBETOL) (Single Response)	
() ribavirin (REBETOL) capsule (Single Response	e)
( ) ribavirin (REBETOL) capsule for CrCl GREATER than 50	400 mg, oral, 3 times daily Reason for Therapy: Viral Infection Documented Indication: Other Specify: COVID-19 New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers Are you an ID, Pulmonology or Critical Care provider?
( ) ribavirin (REBETOL) capsule for CrCl 30-50	400 mg, oral, 2 times daily Reason for Therapy: Viral Infection Documented Indication: Other Specify: COVID-19 New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers Are you an ID, Pulmonology or Critical Care provider?
( ) ribavirin (REBETOL) capsule for CrCl LESS than 30      ( ) ribavirin (REBETOL) oral suspension (Single R	200 mg, oral, daily Reason for Therapy: Viral Infection Documented Indication: Other Specify: COVID-19 New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers Are you an ID, Pulmonology or Critical Care provider?

CrCl GREATER than 50  Reason for T Indication: O Specify: CON New initiation Infectious Di Are you an II  () ribavirin (REBETOL) oral suspension for CrCl 30-50  Reason for T Indication: O Specify: CON New initiation Infectious Di Are you an II	/ID-19 n of treatment for COVID-19 therapies are RESTRICTED to seases, Pulmonology and Critical Care Medicine providers. D, Pulmonology or Critical Care provider? 2 times daily herapy: Viral Infection Documented ther
( ) ribavirin (REBETOL) oral suspension for CrCl 30-50 Reason for Indication: O Specify: CON New initiation Infectious Di Are you an Il	2 times daily herapy: Viral Infection Documented ther /ID-19 n of treatment for COVID-19 therapies are RESTRICTED to
( ribovirin (DEDETOL) and augmention for 200 mg and	D, Pulmonology or Critical Care provider?
CrCl LESS than 30 Reason for T Indication: O Specify: CO New initiation Infectious Di	herapy: Viral Infection Documented ther
Immunomodulatory Agents	
RE	mg, intravenous, once, For 1 Doses STRICTED to infectious diseases, pulmonary, or critical especialists. Are you a specialist or ordering on behalf of?
	mg, subcutaneous, daily
[] inFLIXimab (REMICADE) IVPB 5 m	g/kg, intravenous, for 120 Minutes, once, For 1 Doses
Consider nebulized Interferon alpha-2b (Intron-A)	
	illion Unite pobulization Pospiratory Thorany event 12
hou Doe	illion Units, nebulization, Respiratory Therapy - every 12 rs s this patient have a confirmed diagnosis of RS-CoV-2/COVID-19?
sodium chloride 0.9% bag for line care	
For inte	mL, intravenous, PRN, line care flushing of extension tubing sets after administration of rmittent infusions. Program sodium chloride bag to run at same infusion rate as medication given for a total volume al to contents of tubing sets used. Change bag every 24
hou	rs.
Empiric Antibacterial Therapy (Single Response)	
	d" Linked Panel
[ ] cefTRIAXone (ROCEPHIN) IV 1 g, intraveno Reason for Th	us, for 30 Minutes, every 24 hours erapy:
[] azithromycin (ZITHROMAX) tablet 500 mg, oral, Reason for Th	every 24 hours erapy:
TCGSOTTOT TI	
( ) Empiric Antibacterial Therapy for Severe HAP PNA	
( ) Empiric Antibacterial Therapy for Severe HAP PNA  [ ] vancomycin (VANCOCIN) IV 15 mg/kg, intra Reason for Th	avenous, every 12 hours erapy:
( ) Empiric Antibacterial Therapy for Severe HAP PNA  [ ] vancomycin (VANCOCIN) IV 15 mg/kg, intra	
( ) Empiric Antibacterial Therapy for Severe HAP PNA  [ ] vancomycin (VANCOCIN) IV 15 mg/kg, intra Reason for Th  [ ] cefepime, meropenem, or piperacillin-tazobactam (ZOSYN) (Single Response) (Selection Required)	erapy:  ous, every 8 hours
( ) Empiric Antibacterial Therapy for Severe HAP PNA  [ ] vancomycin (VANCOCIN) IV 15 mg/kg, intra- Reason for The Reason for	erapy:  ous, every 8 hours herapy: ous, every 8 hours

() Empiric Antiba	ncterial Therapy for PCN Allergic Se A	evere
[] vancomycin	(VANCOCIN) IV	15 mg/kg, intravenous, every 12 hours Reason for Therapy:
[] meropenem	n (MERREM) IV	1 g, intravenous, every 8 hours Reason for Therapy:
Respiratory Inhal	lers	
[] albuterol (PRC	DAIR HFA) inhaler	2 puff, inhalation, every 4 hours PRN, wheezing MDI with spacer only
[] ipratropium (A	TROVENT HFA) inhaler	2 puff, inhalation, every 4 hours PRN, wheezing, shortness of breath MDI with spacer only
VTE		
•		
DVT Risk and Pro	ophylaxis Tool (Single Response)	) (Selection Required) URL: "\appt1.pdf"
	tly has an active order for therapeut or VTE prophylaxis	tic Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
	OVT (Selection Required)	
Low Risk Defir	nition 60 years and NO other VTE risk fac	ctors
7 igo 1000 iiidii 1		
[] Low Risk (S	Single Response) (Selection Require	ed)
() Low risk of		Routine, Once
		Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
` '	Risk of DVT - Surgical (Selection Re	•
contraindicate	c prophylaxis must be addressed. M	Mechanical prophylaxis is optional unless pharmacologic is
CHF, MI, lung stroke, rheuma Age 60 and ab	disease, pneumonia, active inflamratologic disease, sickle cell disease	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	or family history of VTE	
	ngth of stay GREATER than 48 hou	ırs
	and independently ambulatory	
Estrogen thera  Moderate or m	apy najor surgery (not for cancer)	
	within 3 months of admission	
	isk (Selection Required)	
	risk of VTE	Routine, Once
	isk Pharmacological Prophylaxis - Sgle Response) (Selection Required	
() Contraindi	cations exist for pharmacologic pro Sequential compression device	
	dications exist for pharmacologic	Routine, Once
prophylax	•	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Ma device co	nintain sequential compression ontinuous	Routine, Continuous

<ul> <li>Contraindications exist for pharmacologic   AND mechanical prophylaxis</li> </ul>	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):
<ul><li>enoxaparin (LOVENOX) injection (Single F (Selection Required)</li></ul>	Response)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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	
() 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
<ul> <li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	· · · · · · · · · · · · · · · · · · ·
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
MODERATE Risk of DVT - Non-Surgical (Sele Required)	ction
Moderate Risk Definition Pharmacologic prophylaxis must be addressed contraindicated. One or more of the following medical condition CHF, MI, lung disease, pneumonia, active infla	ammation, dehydration, varicose veins, cancer, sepsis, obesity, previous ase, leg swelling, ulcers, venous stasis and nephrotic syndrome

L,	Moderate Risk (Selection Required)	
	] Moderate risk of VTE Routin	e, Once
[]	[] Moderate Risk Pharmacological Prophylaxis -	
	Non-Surgical Patient (Single Response) (Selection	
	Required)	
- 7	Contraindications exist for pharmacologic prophylavis	"And" Linked Panel

( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

"And" Linked Panel

[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	device continuous	Routine, Continuous
	Contraindications exist for pharmacologic propl AND mechanical prophylaxis	nylaxis "And" Linked Panel
[]		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)	onse)
()		40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
()		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 3 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 Both One Thre or p Sev Ac Mul Abo	AH Risk of DVT - Surgical (Selection Required) The Risk Definition The pharmacologic AND mechanical prophylaxis reserved or more of the following medical conditions: Tombophilia (Factor V Leiden, prothrombin varial protein S deficiency; hyperhomocysteinemia; my trere fracture of hip, pelvis or legute spinal cord injury with paresis tiple major traumas Tominal or pelvic surgery for CANCER Total Total Republic Stroke to the second of the surgery of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
] +	ligh Risk (Selection Required)	
[] ]	High risk of VTE ligh Risk Pharmacological Prophylaxis - Surgica	Routine, Once al Patient
	Single Response) (Selection Required)  Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following

() 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	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1
	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
( ) Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
	·

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-Su Patient (Single Response) (Selection Required)	urgical
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response	onse)
(Selection Required)	<u> </u>
() 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	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sel	ection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	1
Poquirod)	

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 o	r Knee
(Arthroplasty) Surgical Patient (Single Respons	se)
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
	Indications:
() 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 Res	ponse)
(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	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30

mL/min.

( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	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
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours, 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) (Se 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
DVT Risk and Prophylaxis Tool (Single Response)	) (Selection Required) URL: "\appt1.pdf"
( ) Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
() LOW Risk of DVT (Selection Required)	Therapy for the following.
Low Risk Definition Age less than 60 years and NO other VTE risk fac	ctors
[] Low Risk (Single Response) (Selection Require	<u></u>
() 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 (Selection Re Moderate Risk Definition	equired)
Pharmacologic prophylaxis must be addressed. No contraindicated.  One or more of the following medical conditions:	Mechanical prophylaxis is optional unless pharmacologic is
CHF, MI, lung disease, pneumonia, active inflamn stroke, rheumatologic disease, sickle cell disease Age 60 and above	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou	rs
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)	

F1 Madagata dial at V/TE	Parity Over
[] Moderate risk of VTE	Routine, Once
<ul><li>[] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required)</li></ul>	ırgical
<ul> <li>( ) Contraindications exist for pharmacologic proph BUT order Sequential compression device</li> </ul>	ylaxis "And" Linked Panel
[ ] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic proph AND mechanical prophylaxis	ylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyidado	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Responsation (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	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1
	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sele	ction
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
<ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous
<ul><li>MODERATE Risk of DVT - Non-Surgical (Selection Required)</li></ul>	
Address pharmacologic prophylaxis by selecting on	e of the following. Mechanical prophylaxis is optional unless
pharmacologic prophylaxis is contraindicated.	
[] Moderate Risk (Selection Required)	
Moderate risk of VTE	Routine, Once
[] Moderate Risk Of VTE	roduito, Office
Non-Surgical Patient (Single Response) (Selection	on
Required)	

<ul> <li>( ) Contraindications exist for pharmacologic proportion</li> <li>Order Sequential compression device</li> </ul>	ohylaxis - "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 prop AND mechanical prophylaxis	phylaxis "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):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)</li></ul>	ponse)
<ul><li>( ) enoxaparin (LOVENOX) syringe</li><li>( ) patients with CrCL LESS than 30 mL/min</li></ul>	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S+1 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:
<ul> <li>HIGH Risk of DVT - Surgical (Selection Required)</li> <li>Address both pharmacologic and mechanical prop</li> </ul>	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)</li></ul>	Routine, Once cal Patient
Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Respondence (Selection Required)	ponse)
( ) 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
	<u> </u>	(	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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
		for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	()	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1
		warrann (eeenn ion), tablet	Indication:
	()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
()	HIC	GH Risk of DVT - Non-Surgical (Selection Requi	
( )			nylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[	]	High Risk (Selection Required)	
-	11	High Rick Phormacological Prophylogic Non St	Routine, Once
۱ ا		High Risk Pharmacological Prophylaxis - Non-So Patient (Single Response) (Selection Required)	uigicai
	()	Contraindications exist for pharmacologic	Routine, Once
		prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	()	enoxaparin (LOVENOX) injection (Single Response	onse)
	()		40 mg, subcutaneous, daily, Starting S+1
	( )	, ,	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
	$\overline{C}$	) patients weight 140 kg or GREATER AND	40 mg, subcutaneous, every 12 hours at 0900, 2100 (TIME CRITICAL)
	( )	CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
	()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	( )	,	If the patient does not have a history of or suspected case of
			Heparin-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	5,000 Units, subcutaneous, every 12 hours
		for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	()	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
		·	Indication:
	()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
()		GH Risk of DVT - Surgical (Hip/Knee) (Selection	
_		quired) dress both pharmacologic and mechanical proph	nylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
	nu	areas both pharmacologic and mechanical propi	Tyraxio by ordering from Friantiacological and Mechanical Frophylaxis.
[	]	High Risk (Selection Required)	
	[]	High risk of VTE	Routine, Once

(	High Risk Pharmacological Prophylaxis - Hip or I (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)	onse)
()	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.
()	Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
()	enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	GREATER and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
( )	. , ,	If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio
		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.	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
7)	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
()	rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
	knee arthroplasty planned during this	To be Given on Post Op Day 1.
()	admission 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:
	(3)	
VT R	isk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
) Pat	tient currently has an active order for therapeutic	Routine, Once
	icoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is
		already on therapeutic anticoagulation for other indication. Therapy for the following:
	W Risk of DVT (Selection Required)	
	w Risk Definition e less than 60 years and NO other VTE risk factor	prs
[ <u>]</u> [	_ow Risk (Single Response) (Selection Required	
	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae

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)	
1 Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	Surgical
() Contraindications exist for pharmacologic prop 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
<ul> <li>Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	hylaxis "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 Resp (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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	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:
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# ( ) 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)	Destina Ones
[] Moderate risk of VTE	Routine, Once
<ul> <li>[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required)</li> </ul>	
( ) Contraindications exist for pharmacologic prop Order Sequential compression device	ohylaxis - "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
<ul> <li>Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	phylaxis "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 Responsition (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:

() 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)	
[] High risk of VTE	Routine, Once
<ul><li>[] High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required)</li></ul>	al Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (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
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours, 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:
<ul><li>[ ] Mechanical Prophylaxis (Single Response) (Sele Required)</li></ul>	ection
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
propriyaxis	

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
<ul><li>[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)</li></ul>	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Response)</li></ul>	ponse)
() 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
<ul><li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<ul><li>[] Mechanical Prophylaxis (Single Response) (Se Required)</li></ul>	lection
( ) 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

Required)

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

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 of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Hip or	
(Arthroplasty) Surgical Patient (Single Respons	e)
(Selection Required) () Contraindications exist for pharmacologic	Routine, Once
( ) Contraindications exist for pharmacologic prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriyidadis	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
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	
() 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	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30
OF OTCEATER than 30 me/min	mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or	Starting S+1
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 3
mL/min	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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1.
admission	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) (Se	
Required)	
( ) Contraindications exist for mechanical	Routine, Once

( ) Place/Maintain sequential compression device continuous

Routine, Continuous

Labs	
Laboratory-Admission	
[X] CBC with platelet and differential	STAT For 1 Occurrences
[X] Comprehensive metabolic panel	STAT For 1 Occurrences
[X] Prothrombin time with INR	STAT For 1 Occurrences
[X] Partial thromboplastin time, activated (PTT)	STAT For 1 Occurrences
[X] Troponin	STAT For 1 Occurrences
[X] BNP	STAT For 1 Occurrences
[X] Myoglobin	STAT For 1 Occurrences
[X] Procalcitonin	STAT For 1 Occurrences
[X] IgG subclasses	STAT For 1 Occurrences
[X] Creatine kinase, total (CPK)	STAT For 1 Occurrences
[] hCG qualitative, urine screen	STAT For 1 Occurrences
Laboratory-Inflammatory Bundle	
[X] C-reactive protein	Once
[X] Interleukin 6	Once
[X] Ferritin level	Once
[X] D-dimer	Once
[X] LDH	Once
[X] Triglycerides	Once
[X] Lactate dehydrogenase (LD) isoenzymes	Once
[X] Fibrinogen	Once
Laboratory-Daily Repeat	
[X] CBC with platelet and differential	AM draw repeats For 3 Occurrences
[X] Comprehensive metabolic panel	AM draw repeats For 3 Occurrences
[] Additional Daily labs-Critical Illness/Clinical Deterioration	
Consider these daily repeat labs with Moderate/Severe	e Illness in COVID-19 positive patients.
	draw repeats, Starting S+1 For 3 Occurrences
	draw repeats, Starting S+1 For 3 Occurrences
	draw repeats, Starting S+1 For 3 Occurrences
	draw repeats, Starting S+1 For 3 Occurrences
[] Ferritin level AM	draw repeats, Starting S+1 For 3 Occurrences

#### Laboratory-ABO and Rh

Use Type and Crossmatch Order Set for transfusion orders

## Respiratory

#### Respiratory

Avoid BiPAP and CPAP to avoid aerosolization of virus

URL: "\appt1Hypoxemia Algorithm.pdf"

Routine, Continuous
Device 1: High Flow Nasal Cannula (HFNC)
Rate in liters per minute:
Rate in liters per minute:
O2 %:
O2 %:
Titrate to keep O2 Sat Above: 92%
Indications for O2 therapy:
Keep HFNC flow under 30L/min

#### Cardiology Cardiology ECG on admission to ICU for baseline QTc and daily if on multiple agents that prolong QTc. [X] ECG 12 lead Routine, STAT For 1 Occurrences Clinical Indications: Rate/Rhythm Interpreting Physician: Routine, Daily For 3 Occurrences [] ECG 12 lead Clinical Indications: Interpreting Physician: Transthoracic Echocardiogram Complete, (w Contrast, Routine, 1 time imaging Strain and 3D if needed) **Imaging Imaging** [X] XR Chest 1 Vw Portable STAT, 1 time imaging For 1 Occurrences Routine, Daily imaging, Starting S+1 For Until specified [] Daily XR Chest 1 Vw Portable Consider daily CXR for the following patients: Age > 70, BMI > 40, or Increasing O2 requirements on the floor. Physician Consults **Physician Consults** Consider using these consults to assist with management of the COVID-19 positive patient. [ ] Consult Infectious Diseases for moderate to severe Reason for Consult? Management of COVID-19 positive COVID-19 patient patient Patient/clinical information communicated? [] Consult Hematology and Oncology for suspected Reason for Consult? Management of COVID-19 positive Cytokine Storm patient with suspected Cytokine Storm Patient/clinical information communicated? [ ] Consult Pulmonary/Crit Care for respiratory insufficiency Reason for Consult? Management of COVID-19 positive patient with respiratory insufficiency Patient/clinical information communicated? [] Consult Nephrology/Hyperten Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? **Ancillary Consults Pharmacy Consults** [X] Pharmacy consult to change IV medications to STAT, Until discontinued, Starting S concentrate fluids maximally [X] Pharmacy consult to manage dose adjustments for renal STAT, Until discontinued, Starting S function Adjust dose for: STAT, Until discontinued, Starting S [] Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses Heparin Indication: Specify: Monitoring: Anti-Xa [] Pharmacy Consult to Manage Heparin: STANDARD STAT, Until discontinued, Starting S dose protocol (DVT/PE) - with titration boluses Heparin Indication: Specify: Give initial Bolus Monitoring: Anti-Xa **Ancillary Consults**

[] Consult to Palliative Care Service	Priority: Same Day
	Reason for Consult? Assistance with clarification of goals of
	care
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Social Work	Reason for Consult:
[ ] Consult to Case Management	Consult Reason: