General

Common Present on Admission Diagnosis

] Acidosis		Details
] Acute Post-Hemorrhagic An	emia	Details
] Acute Renal Failure		Details
] Acute Respiratory Failure		Details
] Acute Thromboembolism of Extremities	Deep Veins of Lower	Details
] Anemia		Details
] Bacteremia		Details
] Bipolar disorder, unspecified	k	Details
] Cardiac Arrest		Details
] Cardiac Dysrhythmia		Details
] Cardiogenic Shock		Details
] Decubitus Ulcer		Details
Dementia in Conditions Clas	sified Elsewhere	Details
Disorder of Liver		Details
] Electrolyte and Fluid Disorde	er	Details
Intestinal Infection due to Cl		Details
Methicillin Resistant Staphyl		Details
 Obstructive Chronic Bronchi 		Details
1 Other Alteration of Consciou		Details
Other and Unspecified Coag		Details
Other Pulmonary Embolism		Details
Phlebitis and Thrombophleb		Details
Protein-calorie Malnutrition		Details
 Psychosis, unspecified psyc 	bosis typo	Details
Schizophrenia Disorder		Details
] Sepsis		Details
· · · ·		Details
] Septic Shock		Details
] Septicemia] Type II or Unspecified Type	Dishataa Mallitua with	Details
Mention of Complication, No	ot Stated as Uncontrolled	
	Not Specified	L) otoilo
] Urinary Tract Infection, Site	Not Specified	Details
Admission or Observation (S		Required)
Admission or Observation (S		Required) Diagnosis:
Admission or Observation (S		Required) Diagnosis: Admitting Physician:
Admission or Observation (S		Required) Diagnosis: Admitting Physician: Level of Care:
Admission or Observation (S		Required) Diagnosis: Admitting Physician: Level of Care: Patient Condition:
Admission or Observation (S		Required) Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments:
Admission or Observation (S		Required) Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen
Admission or Observation (S		Required) Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and
Admission or Observation (S	Single Response) (Selection	Required) Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen 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 (S) Admit to Inpatient) Outpatient observation servi	Single Response) (Selection	Required) Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen 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. Diagnosis:
Admission or Observation (S	Single Response) (Selection	Required) Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen 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. Diagnosis: Admitting Physician:
Admission or Observation (S) Admit to Inpatient) Outpatient observation servi	Single Response) (Selection	Required) Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen 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. Diagnosis: Admitting Physician: Patient Condition:
Admission or Observation (S	Single Response) (Selection	Required) Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen 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. Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
Admission or Observation (S	Single Response) (Selection	Required) Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen 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. Diagnosis: Admitting Physician: Patient Condition: Bed request comments: Diagnosis: Diagnosis:
Admission or Observation (S	Single Response) (Selection	Required) Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen 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. Diagnosis: Admitting Physician: Patient Condition: Bed request comments:

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 Seizure precautions	Details Increased observation level needed:

] Case request operating room	Details
Nursing	
lursing	
] Schedule for first shift dialysis if patient is scheduled for dialysis on the day of surgery	Routine, Once For 1 Occurrences
] No blood draws or IV's in the arm of the anticipated dialysis access - place sign over bed	Routine, Until discontinued, Starting S
] Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?
Diet	
] Diet - Regular	Diet effective now, Starting S Diet(s): Regular 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:
] Diet - Renal	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
] Diet - 1800 Carb Control Diabetic] NPO 	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet effective now, Starting S
-	NPO: Except meds Pre-Operative fasting options:
] NPO - After midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds Pre-Operative fasting options:

IV Fluids

IV Fluids (Single Response)

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

Contrast Allergy Prophylaxis

[] Contrast Prophylaxis (Selection Required)	
[] methylPREDNISolone (MEDROL) tablet	32 mg, oral, once, For 1 Doses
	Give 12 hours prior to the scheduled procedure
[] methylPREDNISolone (MEDROL) tablet	32 mg, oral, once, For 1 Doses
	Give 2 hours prior to the scheduled procedure
[] fexofenadine (ALLEGRA) tablet	60 mg, oral, once, For 1 Doses
	Give 12 hours prior to the scheduled procedure
[] fexofenadine (ALLEGRA) tablet	60 mg, oral, once, For 1 Doses
	Give 2 hours prior to the scheduled procedure
[] famotidine (PEPCID) tablet	20 mg, oral, once, For 1 Doses
	Give 12 hours prior to the scheduled procedure
[] famotidine (PEPCID) tablet	20 mg, oral, once, For 1 Doses
	Give 2 hours prior to the scheduled procedure

Contrast Induced Nephrotoxicity

······	
[] Time to contrast exposure in GREATER than 24	hours
[] Hydration - sodium chloride 0.9 % infusion	1 mL/kg/hr, intravenous, continuous
	Begin infusion 12 hours prior to contrast exposure.
[] Hydration - sodium chloride 0.45 % infusion	1 mL/kg/hr, intravenous, continuous
	Begin infusion 12 hours prior to contrast exposure.
[] Contrast media LESS than 140 mL -	600 mg, oral, every 12 hours scheduled, For 4 Doses
acetylcysteine oral	Begin treatment 24 hours prior to contrast exposure
[] Contrast media GREATER than 140 mL -	1,200 mg, oral, every 12 hours scheduled, For 4 Doses
acetylcysteine oral	Begin treatment 24 hours prior to contrast exposure
[] Sodium Bicarbonate - Time to contrast exposure expected in LESS than 2 hours (Selection Requir	"Followed by" Linked Panel ed)
[] sodium bicarbonate infusion in dextrose 5%	3 mL/kg/hr, intravenous, continuous
3 mL/kg/hr x 1 hour	
[] sodium bicarbonate infusion in dextrose 5%	1 mL/kg/hr, intravenous, continuous, Starting H+1 Hours
1 mL/kg/hr x 6 hours	
[] Sodium Chloride Infusion - Time to contrast expo expected in LESS than 2 hours (Selection Requir	
	3 mL/kg/hr, intravenous, continuous
[] Hydration - sodium chloride 0.9 % infusion 3 mL/kg/hr x 1 hour	S mE/kg/m, intravenous, continuous
[] Hydration - sodium chloride 0.9 % infusion 1	1 mL/kg/hr, intravenous, continuous, Starting H+1 Hours
mL/kg/hr x 6 hours	
[] Acetylcysteine IV - Bolus and Infusion	
[] Bolus - acetylcysteine (MUCOMYST) in NS 500 mL infusion	150 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses
[] Infusion - acetylcysteine (MUCOMYST) in NS 500 mL infusion	50 mg/kg, intravenous, for 4 Hours, once, For 1 Doses
Antibiotics: For Patients LESS than or EQUAL to	120 kg (Single Response)
() cefazolin (ANCEF) IV - For Patients LESS than o	r 2 g, intravenous, once, For 1 Doses

() cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
() cefoxitin (MEFOXIN) IV	2 g, intravenous, once, For 1 Doses On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
() ertapenem (INVanz) IV	1 g, intravenous, once, For 1 Doses On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:

() simvastatin (ZOCOR) tablet	40 mg, oral, nightly
Statin Therapy (Single Response)	, e mg, etai, daily, etaiting et i
 Loading dose - clopidogrel (PLAVIX) tablet Maintenance - clopidogrel (PLAVIX) tablet 	300 mg, oral, once, For 1 Doses 75 mg, oral, daily, Starting S+1
[] aspirin (ECOTRIN) enteric coated tablet	oral, daily
Anti-platelets	Hold for heart rate LESS than 60
[] labetalol (TRANDATE) injection	10 mg, intravenous, every 4 hours PRN, high blood pressure SBP GREATER than 140 mmHg hold for heart rate LESS than 60
	Hold if heart rate is GREATER than 100 HOLD parameters for this order: Contact Physician if:
[] hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 4 hours PRN, high blood pressure SBP GREATER than 140 mmHg
Anti-hypertensives	
() Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication:
() vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
	On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:
() piperacillin-tazobactam (ZOSYN) IV	Reason for Therapy: intravenous, once, For 1 Doses
() ampicillin-sulbactam (UNASYN) IV	intravenous, once, For 1 Doses On call to the operating room. Administer one hour prior to the opening incision.
	the opening incision. Reason for Therapy:
() ertapenem (INVanz) IV	Reason for Therapy: 1 g, intravenous, once, For 1 Doses On call to the operating room. Administer one hour prior to
() cefoxitin (MEFOXIN) IV	2 g, intravenous, once, For 1 Doses On call to the operating room. Administer one hour prior to the opening incision.
	the opening incision. Reason for Therapy:
Antibiotics: For Patients GREATER than 120 kg (Single Re () cefazolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses On call to the operating room. Administer one hour prior to
	Indication:
() Pharmacy consult to manage vancomycin	the opening incision. Reason for Therapy: STAT, Until discontinued, Starting S
() vancomycin (VANCOCIN) IV	Reason for Therapy: 15 mg/kg, intravenous, once, For 1 Doses On call to the operating room. Administer one hour prior to
() piperacillin-tazobactam (ZOSYN) IV	intravenous, once, For 1 Doses On call to the operating room. Administer one hour prior to the opening incision.
() ampicillin-sulbactam (UNASYN) IV	intravenous, once, For 1 Doses On call to the operating room. Administer one hour prior to the opening incision. Reason for Therapy:

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) atorvastatin (LIPITOR) tablet	40 mg, oral, nightly
) atorvastatin (LIPITOR) tablet	10 mg, oral, nightly
Anti-coagulation	
] Pharmacy Consult to Manage Heparin: STANDA	
dose protocol (DVT/PE) - with titration boluses	Heparin Indication:
	Specify: Give initial Bolus
] enoxaparin (LOVENOX) injection	Monitoring: Anti-Xa 1 mg/kg, subcutaneous, every 12 hours scheduled
] enoxaparin (LOVENOX) injection] For renal impairment (GFR < 30) - enoxaparin 	1 mg/kg, subcutaneous, daily at 1700
(LOVENOX) injection	For patients with GFR <30
PRN Mild Pain (Pain Score 1-3) (Single Response (adjust dose for renal/liver function and age)	e)
) acetaminophen (TYLENOL) tablet OR oral solut	
Maximum of 3 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
	Maximum of 3 grams of acetaminophen per day from all sources. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
	Maximum of 3 grams of acetaminophen per day from all sources.
	(Cirrhosis patients maximum: 2 grams per day from all sources). Use it
	patient cannot tolerate oral tablet.
) ibuprofen (MOTRIN) tablet OR oral solution	"Or" Linked Panel
Not recommended for patients with eGFR LESS	than 30 mL/min or acute kidney injury.
[] ibuprofen (ADVIL,MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min or acut kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min or acut kidney injury. Use if patient cannot swallow tablet.
) naproxen (NAPROSYN) tablet - Not recommend	
patients with eGFR LESS than 30 mL/min.	Not recommended for patients with eGFR LESS than 30 mL/min.
PRN Oral Medications for Moderate Pain (Pain S (adjust dose for renal/liver function and age)	core 4-6): For Patients LESS than 65 years old (Single Response)
) acetaminophen-codeine (TYLENOL #3) tablet C	
Maximum of 3 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen-codeine (TYLENOL #3)	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
300-30 mg per tablet	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if
	patient is able to tolerate oral medication.
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources.
	(Cirrhosis patients maximum: 2 grams per day from all sources) Use if
) HYDROcodone-acetaminophen 5/325 (NORCO OR elixir	patient cannot swallow tablet.
) HYDROcodone-acetaminophen 5/325 (NORCO	patient cannot swallow tablet.) tablet "Or" Linked Panel

 [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
) HYDROcodone-acetaminophen 7.5/325 (NORC OR elixir	CO) tablet "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day sources)	<i>r</i> from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give patient is able to tolerate oral medication.
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
) HYDROcodone-acetaminophen 10/325 (NORC) OR elixir	O) tablet "Or" Linked Panel
	r from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give patient is able to tolerate oral medication.
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources.
	patient can not swallow tablet.
) traMADol (ULTRAM) tablet - For eGFR LESS th mL/min, change frequency to every 12 hours)	patient can not swallow tablet. nan 30 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day)
 traMADol (ULTRAM) tablet - For eGFR LESS th mL/min, change frequency to every 12 hours) PRN Oral Medications for Moderate Pain (Pain S (adjust dose for renal/liver function and age) 	patient can not swallow tablet. 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day) Score 4-6): For Patients GREATER than 65 years old (Single Response)
) traMADol (ULTRAM) tablet - For eGFR LESS the mL/min, change frequency to every 12 hours) PRN Oral Medications for Moderate Pain (Pain S (adjust dose for renal/liver function and age)) acetaminophen-codeine (TYLENOL #3) tablet C 	patient can not swallow tablet. 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day) Score 4-6): For Patients GREATER than 65 years old (Single Response)
 traMADol (ULTRAM) tablet - For eGFR LESS the mL/min, change frequency to every 12 hours) RN Oral Medications for Moderate Pain (Pain S (adjust dose for renal/liver function and age) acetaminophen-codeine (TYLENOL #3) tablet C Maximum of 3 grams of acetaminophen per day 	patient can not swallow tablet. nan 30 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day) Score 4-6): For Patients GREATER than 65 years old (Single Response) DR elixir "Or" Linked Panel / from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources.
 traMADol (ULTRAM) tablet - For eGFR LESS the mL/min, change frequency to every 12 hours) PRN Oral Medications for Moderate Pain (Pain S (adjust dose for renal/liver function and age) acetaminophen-codeine (TYLENOL #3) tablet C Maximum of 3 grams of acetaminophen per day sources) acetaminophen-codeine (TYLENOL #3) 	patient can not swallow tablet. nan 30 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day) Score 4-6): For Patients GREATER than 65 years old (Single Response) DR elixir "Or" Linked Panel r from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources.
) traMADol (ULTRAM) tablet - For eGFR LESS the mL/min, change frequency to every 12 hours) PRN Oral Medications for Moderate Pain (Pain S (adjust dose for renal/liver function and age)) acetaminophen-codeine (TYLENOL #3) tablet C Maximum of 3 grams of acetaminophen per day sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution 	patient can not swallow tablet. nan 30 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day) Score 4-6): For Patients GREATER than 65 years old (Single Response) DR elixir "Or" Linked Panel / from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.
 traMADol (ULTRAM) tablet - For eGFR LESS the mL/min, change frequency to every 12 hours) PRN Oral Medications for Moderate Pain (Pain S (adjust dose for renal/liver function and age) acetaminophen-codeine (TYLENOL #3) tablet C Maximum of 3 grams of acetaminophen per day sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution) HYDROcodone-acetaminophen 5/325 (NORCO OR elixir 	patient can not swallow tablet. nan 30 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day) Score 4-6): For Patients GREATER than 65 years old (Single Response) DR elixir "Or" Linked Panel // from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.
 traMADol (ULTRAM) tablet - For eGFR LESS the mL/min, change frequency to every 12 hours) PRN Oral Medications for Moderate Pain (Pain S (adjust dose for renal/liver function and age) acetaminophen-codeine (TYLENOL #3) tablet C Maximum of 3 grams of acetaminophen per day sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution) HYDROcodone-acetaminophen 5/325 (NORCO OR elixir Maximum of 3 grams of acetaminophen per day sources) [] HYDROcodone-acetaminophen (NORCO) 	patient can not swallow tablet. nan 30 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day) Score 4-6): For Patients GREATER than 65 years old (Single Response) DR elixir "Or" Linked Panel // from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet. (D) tablet "Or" Linked Panel
 traMADol (ULTRAM) tablet - For eGFR LESS the mL/min, change frequency to every 12 hours) PRN Oral Medications for Moderate Pain (Pain S (adjust dose for renal/liver function and age) acetaminophen-codeine (TYLENOL #3) tablet C Maximum of 3 grams of acetaminophen per day sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution) HYDROcodone-acetaminophen 5/325 (NORCO OR elixir Maximum of 3 grams of acetaminophen per day sources) 	 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day) 5core 4-6): For Patients GREATER than 65 years old (Single Response) DR elixir "Or" Linked Panel from all sources. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources). Give if patient is patients maximum: 2 grams per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. b) tablet "Or" Linked Panel from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.

PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)

If you select a PCA option above you will not be allowed to also order IV PRN pain medications from this section. (adjust dose for renal/liver function and age)

() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
() morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() ketorolac (TORADOL) IV (Single Response)	
Do NOT use in patients with eGFR LESS than 30 mL/mir	n AND/OR patients LESS than 17 years of age. perative pain OR in the setting of coronary artery bypass graft
weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	g, intravenous, every 6 hours PRN, moderate pain (score 4-6)
() For patients ages 17-64 AND weight 30 mg GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	g, intravenous, every 6 hours PRN, moderate pain (score 4-6)
PRN IV Medications for Moderate Pain (Pain Score 4-6) F If you select a PCA option above you will not be allowed to (adjust dose for renal/liver function and age)	For Patients GREATER than 65 years old (Single Response) o also order IV PRN pain medications from this section.
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
() morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min.	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) Do not use in patients with eGFR LESS than 30 mL/min.
PRN Oral Medications for Severe Pain (Pain Score 7-10): (adjust dose for renal/liver function and age)	
() HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() oxyCODONE (ROXICODONE) immediate release tablet	
	For Patients GREATER than 65 years old (Single Response)
() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
() HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
() HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() oxyCODONE (ROXICODONE) immediate release tablet	
PRN IV Medications for Severe Pain (Pain Score 7-10): For If you select a PCA option above you will not be allowed to (adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)

() morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
	For Patients GREATER than 65 years old (Single Response) to also order IV PRN pain medications from this section.
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
PCA Medications (Single Response)	
() morPHINE PCA 30 mg/30 mL	Loading Dose (optional): Not Ordered PCA Dose: 1 mg Lockout Interval: Not Ordered Continuous Dose 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:2660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors.
() hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 3 mg intravenous, continuous Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.
() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA	 Loading Dose (optional): Not Ordered PCA Dose: 10 mcg Lockout (recommended 6-8 min): Not Ordered Continuous Dose: 0 mcg/hr MAX (Four hour dose limit): 150 mcg intravenous, continuous **Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated** Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.

PCA Medications - HMSL, HMW, HMSTC, HMSTJ, HMTW Only (Single Response)

() morPHINE 30 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 1 mg Lockout Interval: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors.
() hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 3 mg intravenous, continuous Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.
() fentaNYL (SUBLIMAZE) 600 mcg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout Interval: Not Ordered Continuous Dose: 0 mcg/hr MAX (Four hour dose limit): 150 mcg intravenous, continuous Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.

Nausea

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

docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation
bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
sennosides-docusate sodium (SENOKOT-S) tablet	1 tablet, oral, daily PRN, constipation
espiratory	
albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 6 hours PRN, wheezing Aerosol Delivery Device:
ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 6 hours PRN, wheezing Aerosol Delivery Device:
Incentive spirometry	Routine, Every 2 hours while awake
TE	
/T Risk and Prophylaxis Tool (Single Response) (S	Selection Required) URL: "\appt1.pdf"
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:
LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk factor	rs
[] Low Risk (Single Response) (Selection Required)	
	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga
	early ambulation
MODERATE Risk of DVT - Surgical (Selection Requ Moderate Risk Definition	
	hanical prophylaxis is optional unless pharmacologic is
stroke, rheumatologic disease, sickle cell disease, le Age 60 and above	tion, dehydration, varicose veins, cancer, sepsis, obesity, previous og swelling, ulcers, venous stasis and nephrotic syndrome
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)	
-	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Sur Patient (Single Response) (Selection Required)	
 Contraindications exist for pharmacologic prophy BUT order Sequential compression device 	/laxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	Routine, Continuous
[] Place/Maintain sequential compression device continuous	

		ations exist for pharmacologic	Routine, Once
	prophylaxis		No pharmacologic VTE prophylaxis due to the following contraindication(s):
	[] Contraindica	ations exist for mechanical	Routine, Once
	prophylaxis		No mechanical VTE prophylaxis due to the following
			contraindication(s):
	() enoxaparin (L (Selection Re	_OVENOX) injection (Single Respondence)	onse)
		(LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
		CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1
			For Patients with CrCL LESS than 30 mL/min
		ght between 100-139 kg AND TER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
		ght 140 kg or GREATER AND TER 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 (porci	ine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
		ine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
		rith high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
		g and age > 75yrs)	than 50kg and age GREATER than 75yrs.
		UMADIN) tablet	oral, daily at 1700, Starting S+1
			Indication:
	() Pharmacy cor (COUMADIN)	nsult to manage warfarin	STAT, Until discontinued, Starting S Indication:
()	· · · · · · · · · · · · · · · · · · ·	of DVT - Non-Surgical (Selection)	
	Required)		
	Moderate Risk De	efinition	
	Pharmacologic pr	rophylaxis must be addressed. Me	echanical prophylaxis is optional unless pharmacologic is
	contraindicated.		
		ne following medical conditions:	
			ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
		innin disaasa sinkla nall disaasa T	
			leg swelling, ulcers, venous stasis and nephrotic syndrome
	Age 60 and above		leg swelling, dicers, venous stasis and hephrotic syndrome
	Central line	e	leg swelling, dicers, venous stasis and hephrotic syndrome
	Central line History of DVT or	e family history of VTE	
	Central line History of DVT or Anticipated length	e r family history of VTE n of stay GREATER than 48 hours	
	Central line History of DVT or Anticipated length Less than fully an	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory	
	Central line History of DVT or Anticipated length Less than fully an Estrogen therapy	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory	
	Central line History of DVT or Anticipated length Less than fully an Estrogen therapy Moderate or majo	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory	
	Central line History of DVT or Anticipated length Less than fully an Estrogen therapy Moderate or majo	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory or surgery (not for cancer)	
	Central line History of DVT or Anticipated length Less than fully an Estrogen therapy Moderate or majo Major surgery with	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory or surgery (not for cancer) hin 3 months of admission	
	Central line History of DVT or Anticipated length Less than fully an Estrogen therapy Moderate or majo Major surgery with	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory or surgery (not for cancer) hin 3 months of admission (Selection Required)	3
	Central line History of DVT or Anticipated length Less than fully an Estrogen therapy Moderate or majo Major surgery with] Moderate Risk [] Moderate risk	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory or surgery (not for cancer) hin 3 months of admission (Selection Required) c of VTE	
	Central line History of DVT or Anticipated length Less than fully an Estrogen therapy Moderate or majo Major surgery with] Moderate Risk [] Moderate Risk Non-Surgical P	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory or surgery (not for cancer) hin 3 months of admission (Selection Required)	Routine, Once
[[Central line History of DVT or Anticipated length Less than fully an Estrogen therapy Moderate or majo Major surgery with] Moderate Risk [] Moderate Risk Non-Surgical P Required)	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory or surgery (not for cancer) hin 3 months of admission (Selection Required) c of VTE Pharmacological Prophylaxis -	Routine, Once
[[Central line History of DVT or Anticipated length Less than fully an Estrogen therapy Moderate or majo Major surgery with] Moderate Risk [] Moderate Risk Non-Surgical P Required) () Contraindicati	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory or surgery (not for cancer) hin 3 months of admission (Selection Required) (Selection Required) of VTE Pharmacological Prophylaxis - Patient (Single Response) (Selection	Routine, Once
[[Central line History of DVT or Anticipated length Less than fully an Estrogen therapy Moderate or majo Major surgery with] Moderate Risk [] Moderate Risk [] Moderate Risk Non-Surgical P Required) () Contraindicati Order Sequer	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory or surgery (not for cancer) hin 3 months of admission (Selection Required) (Selection Required)	Routine, Once on hylaxis - "And" Linked Panel Routine, Once
[[Central line History of DVT or Anticipated length Less than fully an Estrogen therapy Moderate or majo Major surgery with] Moderate Risk [] Moderate Risk [] Moderate Risk Non-Surgical P Required) () Contraindicati Order Sequer	e family history of VTE n of stay GREATER than 48 hours nd independently ambulatory or surgery (not for cancer) hin 3 months of admission (Selection Required) (Selection Required) of VTE Pharmacological Prophylaxis - Patient (Single Response) (Selection ions exist for pharmacologic prophintial compression device	Routine, Once on hylaxis - "And" Linked Panel

[]	AND mechanical 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)	oonse)
$\overline{()}$	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
()	patients weight between 100-139 kg AND CrCI 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 CrCI 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 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	AH Risk of DVT - Surgical (Selection Required) h Risk Definition	
Both One Thre or p Sev Ac Mul Abc	h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg sute spinal cord injury with paresis tiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both One Thre or p Sev Ac Mul Abc Acu Hist	e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg sute spinal cord injury with paresis tiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders)
Both One Thru or p Sev Ac Mul Abc Acu Hist	e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg sute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgic	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once
Botl One Thru or p Sev Acc Mul Abc Acu Hist	e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg sute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required)	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once al Patient
Botl One Thro or p Sev Acc Acu Hist	e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg sute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgic	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once
Botl One Thru or p Sev Ac Mul Abc Acu Hist	e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg sute spinal cord injury with paresis tiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required) Contraindications exist for pharmacologic	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Botl One Thru or p Sev Ac Mul Abc Acu Hist	e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg sute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Resp	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

() patients weight between 100-139 kg AND CrCI GREATER than 30 mL/min	
	30 mg, subcutaneous, 2 times daily at 0600, 1800, 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, Starting S+1 For Patients weight 140 kg or GREATER and CrCI 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.	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
weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
 Place/Maintain sequential compression device continuous 	Routine, Continuous
 HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition 	uired)
Thrombophilia (Factor V Leiden, prothrombin varia	
or protein S deficiency; hyperhomocysteinemia; m 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
or protein S deficiency; hyperhomocysteinemia; m 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	
or protein S deficiency; hyperhomocysteinemia; m 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	
or protein S deficiency; hyperhomocysteinemia; m 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	Nyeloproliferative disorders) Routine, Once
or protein S deficiency; hyperhomocysteinemia; m 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 [] High Risk Pharmacological Prophylaxis - Non-S	Nyeloproliferative disorders) Routine, Once Surgical
or protein S deficiency; hyperhomocysteinemia; m 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 [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	Routine, Once Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)
or protein S deficiency; hyperhomocysteinemia; m 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 [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe	Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S
or protein S deficiency; hyperhomocysteinemia; m 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 (Selection Required) [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min	Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
or protein S deficiency; hyperhomocysteinemia; m 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 [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe	Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S

() 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 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	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)	1
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 (Arthroplasty) Surgical Patient (Single Respons (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 Res (Selection Required) 	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, 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, Starting S+1 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 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	GREATER and CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, 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. 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, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
F	Aechanical Prophylaxis (Single Response) (Sel Required)	
. ,	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
()	Place/Maintain sequential compression	Routine, Continuous
/T Ri Pat	device continuous sk and Prophylaxis Tool (Single Response) ient currently has an active order for therapeutic	(Selection Required) URL: "\appt1.pdf" c Routine, Once
/T Ri Pat anti	device continuous sk and Prophylaxis Tool (Single Response) ient currently has an active order for therapeutic coagulant or VTE prophylaxis	(Selection Required) URL: "\appt1.pdf"
/T Ri Pat anti LOV	device continuous sk and Prophylaxis Tool (Single Response) ient currently has an active order for therapeutic	(Selection Required) URL: "\appt1.pdf" c Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
/T Ri Pat anti LOV Low Age	device continuous sk and Prophylaxis Tool (Single Response) ient currently has an active order for therapeutic coagulant or VTE prophylaxis <i>W</i> Risk of DVT (Selection Required) v Risk Definition	(Selection Required) URL: "\appt1.pdf" C Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
/T Ri Pat anti LOV Low Age	device continuous sk and Prophylaxis Tool (Single Response) ient currently has an active order for therapeutic coagulant or VTE prophylaxis <i>W</i> Risk of DVT (Selection Required) <i>v</i> Risk Definition e less than 60 years and NO other VTE risk fact	(Selection Required) URL: "\appt1.pdf" C Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
/T Ri Pat anti LOV Low Age	device continuous sk and Prophylaxis Tool (Single Response) ient currently has an active order for therapeutic coagulant or VTE prophylaxis <i>W</i> Risk of DVT (Selection Required) <i>v</i> Risk Definition e less than 60 years and NO other VTE risk fact .ow Risk (Single Response) (Selection Required Low risk of VTE	(Selection Required) URL: "\appt1.pdf" C Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: cors d) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation
/T Ri Pat anti LOV Low Age	device continuous sk and Prophylaxis Tool (Single Response) ient currently has an active order for therapeutic coagulant or VTE prophylaxis <i>W</i> Risk of DVT (Selection Required) <i>v</i> Risk Definition e less than 60 years and NO other VTE risk fact cow Risk (Single Response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Reconstruction derate Risk Definition	(Selection Required) URL: "\appt1.pdf" C Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: cors d) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation
/T Ri Pat anti LOV Low Age [] L () MO MO Pha con One CHI stro	device continuous sk and Prophylaxis Tool (Single Response) ient currently has an active order for therapeutic coagulant or VTE prophylaxis <i>W</i> Risk of DVT (Selection Required) <i>v</i> Risk Definition e less than 60 years and NO other VTE risk fact .ow Risk (Single Response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Red derate Risk Definition armacologic prophylaxis must be addressed. Me traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamm oke, rheumatologic disease, sickle cell disease,	(Selection Required) URL: "\appt1.pdf" C Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Cors d) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation quired)
/T Ri Pat anti LOV Low Age () MO Mod Pha con One CHI stro Age Cer Hist Ant	device continuous sk and Prophylaxis Tool (Single Response) ient currently has an active order for therapeutic coagulant or VTE prophylaxis <i>W</i> Risk of DVT (Selection Required) <i>v</i> Risk Definition e less than 60 years and NO other VTE risk fact cow Risk (Single Response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Rec derate Risk Definition armacologic prophylaxis must be addressed. Me traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamm wke, rheumatologic disease, sickle cell disease, e 60 and above htral line tory of DVT or family history of VTE icipated length of stay GREATER than 48 hours	(Selection Required) URL: "\appt1.pdf" Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: ors d) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
/T Ri Pat anti LOV Low Age [] L () MO Mod Pha con One CHI stro Age Cer Hist Ant Less Est Mod	device continuous sk and Prophylaxis Tool (Single Response) ient currently has an active order for therapeutic coagulant or VTE prophylaxis <i>W</i> Risk of DVT (Selection Required) <i>v</i> Risk Definition e less than 60 years and NO other VTE risk fact .ow Risk (Single Response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Red derate Risk Definition armacologic prophylaxis must be addressed. Me traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease, e 60 and above htral line tory of DVT or family history of VTE	(Selection Required) URL: "\appt1.pdf" Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: ors d) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome

	Patient (Single Response) (Selection Required)	
()	Contraindications exist for pharmacologic prop BUT order Sequential compression device	ohylaxis "And" Linked Panel
[]		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 prop AND mechanical prophylaxis	ohylaxis "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)	ponse)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
()	patients weight between 100-139 kg AND CrCI GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
()	patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
()	fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Se Required)	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

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line	leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory	rs
Essignment of a surgery (not for cancer) 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) (Select Required) 	
() Contraindications exist for pharmacologic prop Order Sequential compression device	bhylaxis - "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 	ohylaxis "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) 	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, 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, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

() HIGH Risk of DVT - Surgical (Selection Required)	
	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgio (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 Res (Selection Required) 	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, 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, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
() honovin (novelne) injection	Thrombocytopenia (HIT):
 () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
Address both pharmacologic and mechanical prop	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S 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 Res (Selection Required) 	ponse)
() 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, 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 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
() heparin (porcine) injection	Thrombocytopenia (HIT): 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
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	1
Required)	
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip or	
(Arthroplasty) Surgical Patient (Single Response (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 Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, 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, Starting S+1 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
CrCI GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	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 CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCI LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	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.
	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
() rivaroxaban (XARELIO) tablet for hip or knee arthroplasty planned during this	To be Given on Post Op Day 1.
admission	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
DVT Risk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	c 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) Low Risk Definition Age less than 60 years and NO other VTE risk fact 	ors
[] Low Risk (Single Response) (Selection Required	
() 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 Rec Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Me contraindicated. One or more of the following medical conditions: 	quired) echanical prophylaxis is optional unless pharmacologic is
CHF, MI, lung disease, pneumonia, active inflamm	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory	5
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) 	Routine, Once urgical
 () Contraindications exist for pharmacologic prop BUT order Sequential compression device 	hylaxis "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	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, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCI GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

() patients weight 140 kg or GREATER Al CrCl GREATER than 30 mL/min	ND 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 (Recommender for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() MODERATE Risk of DVT - Non-Surgical (Se Required) Moderate Risk Definition	lection
	flammation, dehydration, varicose veins, cancer, sepsis, obesity, previous ease, leg swelling, ulcers, venous stasis and nephrotic syndrome 8 hours
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophyla: Non-Surgical Patient (Single Response) (Required)	
() Contraindications exist for pharmacologic Order Sequential compression device	
[] Contraindications exist for pharmacolog prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic AND mechanical prophylaxis	· · · ·
[] Contraindications exist for pharmacolog prophylaxis	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 (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/m	in 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min

() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Selection Required)	
or protein S deficiency; hyperhomocysteinemia; m 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgio (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 Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, 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, 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, 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 medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	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

() 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, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis () Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Requestion Requestion) High Risk Definition	uired)
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S	
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required 	Surgical I)
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND 	Surgical No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatior 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):
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	 Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatior 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): 5,000 Units, subcutaneous, every 8 hours
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	 Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatior 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): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended 	 Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatior 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): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours

 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) (Selectic Required)	on
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	s must be addressed.
Thrombophilia (Factor V Leiden, prothrombin var or protein S deficiency; hyperhomocysteinemia; r Severe fracture of hip, pelvis or leg	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
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 [] High Risk Pharmacological Prophylaxis - Hip c	Routine, Once
(Arthroplasty) Surgical Patient (Single Respon (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 (Selection Required) 	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, 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, Starting S+1 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), 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 CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, 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 Recommended for patients with high risk of bleeding, e.g. weight LESS
for patients with high risk of bleeding, e.g.	
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this	than 50kg and age GREATER than 75yrs. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1.
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () rivaroxaban (XARELTO) tablet for hip or	than 50kg and age GREATER than 75yrs. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() 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	
Laboratory	
[] CBC with platelet and differential	Once
[] Basic metabolic panel	Once
[] Prothrombin time with INR	Once
Partial thromboplastin time	Once
[] Type and screen	Once
[] Hepatic function panel	Once
[] Lipid panel	Once
[] Llemerlehin Ale	Fasting
[] Hemoglobin A1c [] Potassium level	Once
	Once Once
[] hCG qualitative, serum	Once
Laboratory AM	
[] CBC with platelet and differential	AM draw For 1 Occurrences
[] Basic metabolic panel	AM draw For 1 Occurrences
[] Prothrombin time with INR	AM draw For 1 Occurrences
[] Partial thromboplastin time	AM draw For 1 Occurrences
[] Magnesium level	AM draw For 1 Occurrences
[] Type and screen	AM draw For 1 Occurrences
Nutrition Labs	
[] Prealbumin level	AM draw For 1 Occurrences
[] Hepatic function panel	AM draw For 1 Occurrences
[] Transferrin level	AM draw For 1 Occurrences
[] C-reactive protein	AM draw For 1 Occurrences
Infection Labs	
[] Urinalysis screen and microscopy, with reflex to cu	lture Once
	Specimen Source: Urine
	Specimen Site:
[] Aerobic culture	Once
Anaerobic culture	Once
[] Fungus culture	Once
[] Gram stain	Once
Cardiology	
Imaging	
X-Ray	
[] Chest 2 Vw	Boutine 1 time imaging For 1
Criest 2 vw Criest 2 vw Criest 2 vw Criest 2 vw	Routine, 1 time imaging For 1 Routine, 1 time imaging For 1
Diagnostic Studies	

[]	PV vein mapping upper extremity	Routine, 1 time imaging
[]	PV physiologic arterial lower extremity complete w abi	Routine, 1 time imaging
[]	PV duplex venous lower extremity	Routine, 1 time imaging

[] PV duplex arterial lower extremity	Routine, 1 time imaging
[] PV duplex hemodialysis avg avf access	Routine, 1 time imaging
[] PV duplex arterial upper extremity	Routine, 1 time imaging
[] PV vein mapping lower extremity	Routine, 1 time imaging
[] PV Transcranial Doppler intracranial arteries	Routine, 1 time imaging
[] PV carotid duplex	Routine, 1 time imaging
[] PV duplex venous upper extremity	Routine, 1 time imaging
[] CTA Abdominal Aorta And Bilateral Iliofemoral Runoff W Wo Contrast	Routine, 1 time imaging For 1
[] CTA Chest W Wo Contrast	Routine, 1 time imaging For 1
 [] Cardiac dynamic MRA abd pel lwr ext runoff arterial w wo contrast 	Routine, 1 time imaging For 1
[] Cardiac dynamic MRA thoracic aorta wo cardiac w wo contrast	Routine, 1 time imaging For 1

Other Studies

Other Diagnostic Studies

[] ECG 12 lead

Routine, Once Clinical Indications: Interpreting Physician:

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management	Consult Reason:
Consult to Social Work	Reason for Consult:
[] Consult 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:
[] Consult PT wound care	Special Instructions: Location of Wound?
[] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): 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:
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Speech Language Pathology	Routine, Once Reason for consult:
[] Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:
[] Consult to Respiratory Therapy	Reason for Consult?
[] Consult To Interventional Radiology	Routine, 1 time imaging For 1

Additional Orders