

## General

### Common Present on Admission Diagnosis

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

### Admission or Observation (Single Response) (Selection Required)

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

### Admission or Observation (Single Response)

Patient has 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.
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#### Code Status

[ ] Full code	Code Status decision reached by:
[ ] DNR (Selection Required)	Does patient have decision-making capacity?
[ ] DNR (Do Not Resuscitate)	Priority: Reason for Consult?
[ ] Consult to Palliative Care Service	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	Details
[ ] Airborne isolation status	Once, Sputum
[ ] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	
[ ] Contact isolation status	Details
[ ] Droplet isolation status	Details
[ ] Enteric isolation status	Details

#### Precautions

[ ] Aspiration precautions	Details
[X] Fall precautions	Increased observation level needed:
[ ] Latex precautions	Details
[ ] Seizure precautions	Increased observation level needed:
[ ] Spinal precautions	Details

# Nursing

## Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol
<input type="checkbox"/> Pulse oximetry check	Routine, Daily Current FIO2 or Room Air: With vital signs

## Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Out of bed with assistance	Routine, Until discontinued, Starting S Specify: Out of bed, Up with assistance
<input type="checkbox"/> Up ad lib	Routine, Until discontinued, Starting S Specify: Up ad lib
<input type="checkbox"/> Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat
<input type="checkbox"/> Elevate Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30

## Nursing

<b>"And" Linked Panel</b>	
<input type="checkbox"/> Telemetry	
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
<input checked="" type="checkbox"/> Height and weight	Routine, Once On admission.
<input checked="" type="checkbox"/> Intake and output	Routine, Per unit protocol
<input type="checkbox"/> Dysphagia screen	Routine, Once
<input type="checkbox"/> Lumbar drain care	Routine, Until discontinued, Starting S Lumbar drain mgmt:
<input type="checkbox"/> Neurological assessment	Routine, Once Assessment to Perform:
<input checked="" type="checkbox"/> Straight cath	Routine, Every 6 hours If unable to void after second straight cath, insert Foley and call physician.
<input checked="" type="checkbox"/> Insert/Maintain Foley and Notify	
<input checked="" type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: If unable to void after second straight cath, insert Foley and call physician
<input checked="" type="checkbox"/> Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain
<input checked="" type="checkbox"/> Notify Physician if unable to void on third attempt and Foley inserted	Routine, Until discontinued, Starting S
<input type="checkbox"/> Place antiembolic stockings	Routine, Once

<input type="checkbox"/> No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S Reason for "No" order:
<input type="checkbox"/> No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
<b>Notify</b>	
<input checked="" type="checkbox"/> Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Notify Physician of No Bowel Movement for more than 72 hours	Routine, Until discontinued, Starting S
<b>Consent</b>	
<input type="checkbox"/> 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?
<b>Diet</b>	
<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input type="checkbox"/> NPO except meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options:
<input type="checkbox"/> NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options:
<input type="checkbox"/> NPO after midnight except meds	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds Pre-Operative fasting options:
<input type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Heart healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - 2000 Kcal/225 gm Carbohydrate	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

[ ] Diet

Diet effective now, Starting S

Diet(s):

Other Options:

Advance Diet as Tolerated?

Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

## IV Fluids

### IV Fluid (Single Response)

( ) sodium chloride 0.9 % infusion	intravenous, continuous
( ) lactated Ringer's infusion	intravenous, continuous
( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous
( ) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients	intravenous, continuous

## Medications

### Seizure Management

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

### Propose NEW Seizure Management (Single Response)

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

Select Load/Maintenance by Routes of Administration:

- IVPB / IV Push
- IVPB / IVPB

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

- IVPB Loading Dose Followed by IV Push Maintenance Dose (Single Response)

- Loading Dose Once Followed by Every 8 Hour Maintenance

<input type="checkbox"/> Loading Dose Once Followed by Every 8 Hour Maintenance	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> fosphenytoin (CEREBRYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> fosphenytoin (CEREBRYX) IV Push maintenance dose	IV Push, every 8 hours, Starting H+8 Hours
<input type="checkbox"/> Phenytoin level	AM draw repeats
<input type="checkbox"/> Free phenytoin level	AM draw repeats

- Loading Dose Once Followed by Every 12 Hour Maintenance

<input type="checkbox"/> Loading Dose Once Followed by Every 12 Hour Maintenance	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> fosphenytoin (CEREBRYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> fosphenytoin (CEREBRYX) IV Push maintenance dose	IV Push, every 12 hours, Starting H+12 Hours
<input type="checkbox"/> Phenytoin level	AM draw repeats
<input type="checkbox"/> Free phenytoin level	AM draw repeats

- Loading Dose Once Followed by Every 24 Hour Maintenance

<input type="checkbox"/> Loading Dose Once Followed by Every 24 hours Maintenance	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> fosphenytoin (CEREBRYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> fosphenytoin (CEREBRYX) IV Push maintenance dose	IV Push, every 24 hours, Starting H+24 Hours
<input type="checkbox"/> Phenytoin level	AM draw repeats
<input type="checkbox"/> Free phenytoin level	AM draw repeats

- fosphenytoin (CEREBRYX) IVPB level, loading, and maintenance dose

<input type="checkbox"/> Phenytoin level	AM draw repeats For 3 Occurrences
<input type="checkbox"/> Free phenytoin level	AM draw repeats For 3 Occurrences
<input type="checkbox"/> fosphenytoin (CEREBRYX) IV loading and maintenance dose	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> fosphenytoin (CEREBRYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> fosphenytoin (CEREBRYX) IVPB Maintenance Dose	intravenous

#### Medications - Bowel Management

<input type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, 2 times daily
<input type="checkbox"/> Stool Softener Options (Single Response)	
<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly

#### Steroids (Single Response)

<input type="checkbox"/> dexamethasone 10 mg IV x1, followed by 4 mg IV q6h	<b>"Followed by" Linked Panel</b>
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<input type="checkbox"/> dexamethasone (DECADRON) IV	10 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours, Starting H+6 Hours
( ) dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours scheduled
( ) methylPREDNISolone IV 100 mgx1, followed by 40 mg IV q6h	
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	100 mg, intravenous, once, For 1 Doses
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, every 6 hours scheduled, Starting H+6 Hours
( ) methylPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, every 6 hours scheduled
( ) methylPREDNISolone (MEDROL PAK) dose pack (start in AM)	

THIS A PANEL. DO NOT EDIT.

<input type="checkbox"/> methylPREDNISolone (MEDROL) tablet	8 mg, oral, before breakfast - one time, For 1 Doses All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
<input type="checkbox"/> methylPREDNISolone (MEDROL) tablet	4 mg, oral, after lunch - one time, For 1 Doses All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
<input type="checkbox"/> methylPREDNISolone (MEDROL) tablet	4 mg, oral, after dinner - one time, For 1 Doses All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
<input type="checkbox"/> methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, For 1 Doses All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
<input type="checkbox"/> methylPREDNISolone (MEDROL) tablet	4 mg, oral, 3 times daily around food, Starting S+1, For 3 Doses
<input type="checkbox"/> methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, Starting S+1, For 1 Doses
<input type="checkbox"/> methylPREDNISolone (MEDROL) tablet	4 mg, oral, 4 times daily tapering, Starting S+2

#### Medications - General

<input type="checkbox"/> pantoprazole (PROTONIX) IV or ORAL	<b>"Or" Linked Panel</b>
<input type="checkbox"/> pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

#### Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 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.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.
<input type="checkbox"/> scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old	1 patch, transdermal, for 72 Hours, every 72 hours

#### Medications - PRN

<input type="checkbox"/> Acetaminophen oral/liquid/rectal PRN Fever	<b>"Or" Linked Panel</b>
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Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, temperature greater than 101.5 F
<input type="checkbox"/> acetaminophen (TYLENOL) suspension	650 mg, oral, every 6 hours PRN, fever, temperature greater than 101.5 F
<input type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, fever, temperature greater than 101.5 F

#### PRN Medications - Bowel Management (Single Response)

<input type="checkbox"/> magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation
<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	5 mg, oral, daily PRN, constipation
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
<input type="checkbox"/> magnesium citrate solution	150 mL, oral, daily PRN, constipation, For 2 Doses

#### PRN Medications - Bowel Management (HMH Only)

<input type="checkbox"/> saline,mineral oil,glycerin (S.M.O.G.) enema	180 mL, rectal, once
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## VTE

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

URL: "\appt1.pdf"

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

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

#### Low Risk (Single Response) (Selection Required)

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

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

#### Moderate Risk (Selection Required)

#### Moderate risk of VTE

Routine, Once

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

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	<b>"And" Linked Panel</b>
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#### Contraindications exist for pharmacologic prophylaxis

Routine, Once

No pharmacologic VTE prophylaxis due to the following contraindication(s):

<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) 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 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
( ) MODERATE Risk of DVT - Non-Surgical (Selection Required)	

#### Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

#### Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

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

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, 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 CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
( ) HIGH Risk of DVT - Surgical (Selection Required)	

#### High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, 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 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) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

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

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) 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 CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once
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[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
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( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
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( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
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( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) 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 CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

**DVT Risk and Prophylaxis Tool (Single Response) (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:
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( ) **LOW Risk of DVT (Selection Required)**

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

[ ] **Low Risk (Single Response) (Selection Required)**

( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
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( ) **MODERATE Risk of DVT - Surgical (Selection Required)**

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[ ] **Moderate Risk (Selection Required)**

<input type="checkbox"/> Moderate risk of VTE	Routine, Once
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) 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 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:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) MODERATE Risk of DVT - Non-Surgical (Selection Required)	

## Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

### [ ] Moderate Risk (Selection Required)

<input type="checkbox"/> Moderate risk of VTE	Routine, Once
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) 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 CrCl 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 CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

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

<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, 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 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:

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

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

<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, 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 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:
( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, 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 CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, 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 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 factors

[ ] Low Risk (Single Response) (Selection Required)

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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE Routine, Once

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

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

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

[ ] Place/Maintain sequential compression device continuous Routine, Continuous

( ) Contraindications exist for pharmacologic prophylaxis "And" Linked Panel  
AND mechanical prophylaxis

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

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

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

( ) enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600, 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 between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE Routine, Once

[ ] High Risk Pharmacological Prophylaxis - Surgical Patient

(Single Response) (Selection Required)

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

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

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 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) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE Routine, Once

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

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

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

( ) enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700, 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 CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S  
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S  
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily

If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( ) heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( ) warfarin (COUMADIN) tablet oral, daily at 1700

Indication:

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

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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis must be addressed.	
One or more of the following medical conditions:	
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)	
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	

High Risk (Selection Required)

<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, 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 CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

## Labs

### Labs - Today

[ ] Basic metabolic panel	Once
[ ] CBC with platelet and differential	Once
[ ] Partial thromboplastin time	Once
[ ] Prothrombin time with INR	Once
[ ] Platelet function analysis	Once
[ ] Platelet function P2Y12	Once
[ ] Phenytoin level, free	Once
[ ] Phenytoin level	Once
[ ] Pregnancy, urine	Once
[ ] C-reactive protein	Once
[ ] Sedimentation rate	Once
[ ] Urine drugs of abuse screen	Once
[ ] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:

### Microbiology

[ ] Blood culture x 2	"And" Linked Panel
[ ] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[ ] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

## Cardiology

### Cardiology

[ ] ECG 12 lead	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician:
[ ] Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging
[ ] PV duplex venous lower extremity bilat	Routine, 1 time imaging
[ ] PV duplex venous lower extremity left	Routine, 1 time imaging
[ ] PV duplex venous lower extremity right	Routine, 1 time imaging

### Cardiology

[ ] ECG 12 lead	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician:
[ ] Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging

## Imaging

### Diagnostic MRI/MRA

[ ] MRI Brain W Wo Contrast	Routine, 1 time imaging For 1
[ ] MRI Brain Wo Contrast	Routine, 1 time imaging For 1
[ ] MRA Head Wo Contrast	Routine, 1 time imaging For 1
[ ] MRA Neck Wo Contrast	Routine, 1 time imaging For 1
[ ] MRI Cervical Spine Wo Contrast	Routine, 1 time imaging For 1
[ ] MRI Thoracic Spine Wo Contrast	Routine, 1 time imaging For 1
[ ] MRI Lumbar Spine Wo Contrast	Routine, 1 time imaging For 1

## CT

[ ] CT Head Wo Contrast	Routine, 1 time imaging For 1
[ ] CT Head Wo Contrast in AM	Routine, 1 time imaging, Starting S+1 at 4:00 AM For 1
[ ] CT Cervical Spine Wo Contrast	Routine, 1 time imaging For 1
[ ] CT Thoracic Spine Wo Contrast	Routine, 1 time imaging For 1
[ ] CT Lumbar Spine Wo Contrast	Routine, 1 time imaging For 1
[ ] CTA Head W Wo Contrast	Routine, 1 time imaging For 1
[ ] CTA Neck W Wo Contrast	Routine, 1 time imaging For 1

## X-ray

[ ] Chest 2 Vw	Routine, 1 time imaging For 1
[ ] Chest 1 Vw Portable	Routine, 1 time imaging For 1
[ ] VP Shunt Series (Selection Required)	<b>"And" Linked Panel</b>
[ ] Skull < 4 Vw	Routine, 1 time imaging For 1
[ ] Chest 2 Vw	Routine, 1 time imaging For 1
[ ] Abdomen Ap And Lateral	Routine, 1 time imaging For 1
[ ] Cervical Spine 2 Or 3 Vw	Routine, 1 time imaging For 1
[ ] XR Spine Scoliosis 2-3 Views	Routine, 1 time imaging For 1 Please add 32 millimeter image calibration necklace to the field of view.
[ ] Cervical Spine Complete	Routine, 1 time imaging For 1
[ ] Cervical Spine Ap Lateral Flexion And Extension	Routine, 1 time imaging For 1
[ ] Cervical Spine Neutral Flexion And Extension	Routine, 1 time imaging For 1
[ ] Lumbar Spine Ap Lateral Flexion And Extension	Routine, 1 time imaging For 1 Stress flexion extension
[ ] Lumbar Spine Flexion And Extension Only 4+ Vw	Routine, 1 time imaging For 1 Stress flexion extension
[ ] Lumbar Spine Complete 4+ Vw	Routine, 1 time imaging For 1

## Other Studies

### Other Diagnostic Studies

[ ] Angiogram Cerebral Bilateral	Routine, 1 time imaging For 1 4 vessel angiogram
[ ] EEG (routine)	Routine, Once Clinical Indication: Testing Location: Testing Duration:
[ ] Continuous EEG monitoring	Routine, Daily imaging For 7 Days, For 7 Days Clinical Indication: Testing Location: At Bedside (Patients Room) Testing Duration: Record Video? Yes

## Respiratory

### Respiratory

[ ] Incentive spirometry	Routine, Every hour While awake
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## Consults

### Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> 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:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/> 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:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?