Neuro Intensive Care (NICU) Admission [1719]

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 judgmen
	Certification, i certify that based on my best cliffical iddulfier
	and the patient's condition as documented in the HP and
	and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital
) Outpatient observation services under general	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	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:
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() 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
() 0 4 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	services for two or more midnights.
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician: Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
	Bou request comments.
Admission (Single Response)	
Patient has active status order on file.	
() Admit to inpatient	Diagnosis:
() Admit to inpatient	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	Once, Sputum
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
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Vital Signs	
[X] Vital signs - T/P/R/BP Routine, Every hour	
[X] Pulse oximetry check Routine, Continuous	
Current FIO2 or Room Air:	
Activity	
[] Strict bed rest Routine, Until discontinued, Starting S	
[] Turn patient Routine, Every 2 hours	
[] Up with assistance Routine, Until discontinued, Starting S	
Specify: Up with assistance	
[] Activity as tolerated Routine, Until discontinued, Starting S	
Specify: Activity as tolerated	
[] Elevate Head of bed 30 degrees or greater (semi-recumbent) Routine, Until discontinued, Starting S Head of bed: 30 degrees	
(semi-recumbent) Head of bed: 30 degrees or greater (semi-recumbent)	
[] Head of bed flat Routine, Until discontinued, Starting S	
Head of bed: flat	
Nursing	
[X] Neurological assessment Routine, Every hour	
Assessment to Perform: Glasgow Coma Scale, Pupils	
[] ICP Monitoring and Notify	
[] ICP monitoring Routine, Every hour	
Record: Intracranial pressure, Cerebral perfusion pressure, Cerebrospii	nal
spinal fluid drainage Monitor and record output	
[] Notify Physician if Intracranial Pressure Routine, Until discontinued, Starting S	
greater than 20 cm H2O for 5 minutes	
[] Hemodynamic Monitoring Routine, Continuous	
Measure: MAP,CVP,SVR,SVV,Cardiac Index	
[] Ventriculostomy Drain Care (Single Response)	
() Ventriculostomy drain care Routine, Every hour	
Device: Open	
Level at (cm H2O): 5 above EAC Open level at 5 cm H2O relative to external auditory meatus.	
() Ventriculostomy drain care Routine, Every hour	
Device: Open	
Level at (cm H2O): 20 above EAC	
Open level at 20cm H2O relative to external auditory meatus.	
() Ventriculostomy drain care Routine, Every hour	
Device: Clamped	
Level at (cm H2O): 20 above EAC Clamped; Level at 20cm H2O relative to external auditory meatus.	
[] Drain care Routine, Until discontinued, Starting S	
Type of drain:	
Specify location:	
Drain Number:	
Drainage/Suction:	
[] Lumbar drain care Routine, Until discontinued, Starting S	
Lumbar drain mgmt:	
[X] Height and weight Routine, Once For 1 Occurrences On admission	
[] Daily weights Routine, Daily [] Nasogastric tube insertion Routine, Once	
Type:	
[] Nasogastric tube maintenance Routine, Until discontinued, Starting S	_
Tube Care Orders:	
[] Oral care Routine, Every shift	

decubitus ulcer per protocol Strict intake and output Routine, Every hour	Nurse to advance mattress at first sign of Stage I	or II	Routine, Until discontinued, Starting S
X Dysphagia screen Routine, Once Studing trains Routine, Every 6 hours furnable to void after second straight cath, insert Foley and call physician. Insert/Maintain Foley and Notify Routine, Once Type: Size: Uninometer needed: furnable to void after second attempt at straight cath, insert Foley and call physician Routine, Until discontinued, Starting S Orders: Maintain to gravity/badside drain Notify Physician if unable to void after second attempt at straight cath and Foley inserted Notify Physician if unable to void after second attempt at straight cath and Foley inserted Notify Physician if unable to void after second attempt at straight cath and Foley inserted Notify Physician if unable to void after second attempt at straight cath and Foley inserted Notify Physician if unable to void after second attempt at straight cath and Foley inserted Notify Physician for vitals Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Systolic BP reset than: 100 Temperature less than: Systolic BP reset than: 100 Temperature greater than: 100 Disatolic BP less than: 50 MAP less than: Systolic BP reset than: 100 Disatolic BP less than: 50 Respiratory rate less than: 50 Respiratory rate less than: 80 Respira			, , , , , , , , , , , , , , , , , , ,
Straight cath	[X] Strict intake and output		Routine, Every hour
If unable to void after second straight cath, insert Foley and call physician. Insert/Maintain Foley and Notify	[X] Dysphagia screen		Routine, Once
Insert Maintain Foley and Notify	[] Straight cath		Routine, Every 6 hours
InsertMaintain Foley and Notify			9 ,
[] Insert Foley catheter Routine, Once Type: Size: Urinometer needed: If unable to void after second attempt at straight cath, insert Foley and cal physician [] Foley catheter care Routine, Until discontinued, Starting S Orders: Maintain to gravily/pedside drain Routine, Until discontinued, Starting S Reason for "No" order: [] No anti-platelet agents INcluding UNfractionated heparin Routine, Until discontinued, Starting S Reason for "No" order: [] No anti-platelet agents INcluding aspirin Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Reason for "No" order: Routine, Until discontinued, Starting S Routine, U			call physician.
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NPO: Except meds			
	[] NPO after midnight except meds		
Pre-Operative fasting options:			
			Pre-Operative fasting options:

[] Diet - Clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Additional Instructions: Foods to Avoid: If patient passes Dysphagia screen.
[] Diet - Heart healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: If patient passes Dysphagia screen.
[] Diet - 2000 Kcal/225 gm Carb	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: If patient passes Dysphagia screen.
[] Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: If patient passes Dysphagia screen.
[] Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed?
Consent	
[] Complete consent form	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?
IV Fluids	
IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	intravenous, continuous
 () lactated Ringer's infusion () sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion 	intravenous, continuous intravenous, continuous
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients	intravenous, continuous

() sodium chloride (HYPERTONIC) 3 % infusion		intravenous, continuous RESTRICTED to Nephrology, Critical Care, Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one?
Medications		
Medications - MIsc.		
[] chlorhexidine (PERIDEX) 0.12 % solution		15 mL, Mouth/Throat, every 4 hours while awake
[] aminocaproic acid (AMICAR) bolus + infusion		
[] aminocaproic acid (AMICAR) sodium chloride 0.9 % bolus		venous, for 60 Minutes, once, For 1 Doses
[] aminocaproic acid (AMICAR) infusion	1 g/hr, in	travenous, continuous, Starting H+60 Minutes
Seizure Management		
[] levETIRAcetam (KEPPRA) in sodium chloride 0.9 mL IVPB (Loading Dose)		1,000 mg, intravenous, once, For 1 Doses
[] levETIRAcetam (KEPPRA) tablet (following loadi dose)	ng 	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)	J:	intravenous, for 30 Minutes, once, For 1 Doses
[] phenytoin (DILANTIN) ER capsule (following load dose)	ıng	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	onse)	
() levETIRAcetam (KEPPRA) IVPB followed by levETIRAcetam (KEPPRA) oral tablet		"Followed by" Linked Panel
[] levETIRAcetam (KEPPRA) IV Loading	1,000 mg	g, intravenous, once, For 1 Doses
[] levETIRAcetam (KEPPRA) tablet Maintenance Dose	500 mg,	oral, every 12 hours, Starting H+12 Hours
() levETIRAcetam (KEPPRA) IVPB followed by levETIRAcetam (KEPPRA) IVPB		"Followed by" Linked Panel
[] levETIRAcetam (KEPPRA) IV Loading Dose	1,000 mg	g, 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 phenyto (DILANTIN) ER oral capsule	in	
[] fosphenytoin (CEREBYX) IVPB Loading Dose by phenytoin (DILANTIN) ER oral capsule	followed	"Followed by" Linked Panel
[] fosphenytoin (CEREBYX) IVPB loading dose	intraver	nous, for 30 Minutes, once, For 1 Doses
[] phenytoin (DILANTIN) ER capsule		, oral, every 8 hours, Starting H+8 Hours
[] Phenytoin level	AM draw	•
[] Free phenytoin level () fosphenytoin (CEREBYX) IV followed by fosphen	AM draw nytoin	repeats
(CEREBYX) IV (Single Response) Select Load/Maintenance by Routes of Administr	ation:	
? IVPB / IV Push ? IVPB / IVPB	auom.	
Note: The IV Push Maintenance selection has the	ne option to	o change route to intraMUSCULAR
() IVPB Loading Dose Followed by IV Push Main Dose (Single Response)	tenance	
() Loading Dose Once Followed by Every 8 Hot Maintenance	ır	

[] Loading Dose Once Followed by Every 8 Hour Maintenance	"Followed by" Linked Panel
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 8 hours, Starting H+8 Hours
[] Phenytoin level	AM draw repeats
[] Free phenytoin level	AM draw repeats
() Loading Dose Once Followed by Every 12 Hour Maintenance	
[] Loading Dose Once Followed by Every 12 Hou Maintenance	r "Followed by" Linked Panel
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 12 hours, Starting H+12 Hours
[] Phenytoin level	AM draw repeats
[] Free phenytoin level	AM draw repeats
() Loading Dose Once Followed by Every 24 Hour Maintenance	
[] Loading Dose Once Followed by Every 24 hou Maintenance	
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 24 hours, Starting H+24 Hours
[] Phenytoin level	AM draw repeats
[] Free phenytoin level	AM draw repeats
() fosphenytoin (CEREBRYX) IVPB level, loading, a maintenance dose	nd
	AM draw repeats For 3 Occurrences
	AM draw repeats For 3 Occurrences
[] fosphenytoin (CEREBRYX) IV loading and main dose	<u> </u>
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[] fosphenytoin (CEREBYX) IVPB Maintenance Dose	intravenous
Vasospasm	
[] cilostazol (PLETAL) tablet	50 mg, oral, 2 times daily
magnesium sulfate in water 40 gram/1,000 mL (4 %) infusion	
[] milrinone infusion 200 mcg/mL (premixed)	0.125 mcg/kg/min, intravenous, continuous Notify MD if MAP is LESS than 65 mmHg.
[] niMODipine (NIMOTOP) capsule	60 mg, oral, every 4 hours scheduled HOLD parameters for this order:
[] niMODipine (NYMALIZE) 60 mg/20 mL solution	Contact Physician if: 60 mg, oral, every 4 hours scheduled HOLD parameters for this order: Contact Physician if:
[] simvastatin (ZOCOR) tablet	80 mg, oral, nightly Patient should continue for 21 days unless patient was taking an HMG-COA Reductase Inhibitor prior to admission.
Anti-infectives	
[] cefazolin (ANCEF) IV	intravenous Reason for Therapy:
[] cefepime (MAXIPIME) IV	intravenous Type of Therapy:

[] fluconazole (DIFLUCAN) IV	intravenous, for 60 Minutes Reason for Therapy:
[] metronidazole (FLAGYL)	intravenous Reason for Therapy:
[] piperacillin-tazobactam (ZOSYN) IV	intravenous Reason for Therapy:
[] vancomycin (VANCOCIN) IV	intravenous Reason for Therapy:
[] Pharmacy consult to manage vancomycin	Routine, Until discontinued, Starting S For Until specified Indication:
ICP Elevation Management	
[] mannitol 25 % injection	1 g/kg, intravenous, once, For 1 Doses Continually monitor ICP, and contact provider for ICP > 20 for 5 minutes or longer. Hold for serum sodium > 155, serum osmolality > 320.
Mannitol Q6H and Required Labs	
[] mannitol 25 % injection	intravenous, every 6 hours Continually monitor ICP, and contact provider for ICP > 20 for 5 minutes or longer.
	Hold for serum sodium > 155, serum osmolality > 320.
[] Sodium level	Every 6 hours Continue while patient is taking mannitol.
[] Osmolality, serum	Every 6 hours Continue while patient is taking mannitol.
[] Notify Physician for (Specify lab) [] sodium chloride concentrated injection (23.4%) for	Routine, Until discontinued, Starting S BUN greater than: Creatinine greater than: Glucose greater than: Glucose less than: Hct less than: Hgb less than: LDL greater than: Magnesium greater than (mg/dL): Magnesium less than (mg/dL): Platelets less than: Potassium greater than (mEq/L): Potassium greater than (mEq/L): PT/INR greater than: PT/INR greater than: PTT greater than: PTT greater than: Serum Osmolality greater than: Serum Osmolality greater than: Sodium greater than: WBC greater than: WBC greater than: Other Lab (Specify): serum sodium GREATER than 155 mEq/L or serum Osmolality greater than 320 mmol/L
elevated intracranial pressure + Required Labs [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure	120 mEq, intravenous, once, For 1 Doses To be administered by provider. Administer over 5-10 minutes. Conside continuous ICP monitoring for more than one dose and contact provider for ICP GREATER than 20cmH2O for 5 minutes or longer. Contact for sodium GREATER than 155mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one?
[] Sodium level	Every 6 hours For 4 Occurrences
[] sodium chloride 3% infusion + Required Labs	

[] sodium chloride (HYPERTONIC) 3 % infusion	intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer.Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer. RESTRICTED to Nephrology, Critical Care, Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one?
[] Sodium level	Every 6 hours Continue while patient is on a sodium chloride 3% infusion.
[] Osmolality, serum	Every 6 hours Continue while patient is on a sodium chloride 3% infusion.
[] Notify Physician for (Specify lab)	Routine, Until discontinued, Starting S BUN greater than: Creatinine greater than: Glucose greater than: Glucose less than: Hct less than: Hgb less than: LDL greater than: Magnesium greater than (mg/dL): Magnesium less than (mg/dL): Platelets less than: Potassium greater than (mEq/L): Potassium greater than (mEq/L): PT/INR greater than: PT/INR greater than: PTT greater than: PTT greater than: Serum Osmolality greater than: Serum Osmolality less than: Sodium greater than: WBC greater than: WBC less than: Other Lab (Specify): serum sodium GREATER than 155 mEq/L or serum Osmolality greater than 320 mmol/L
Medications - Bowel Managment	
[] polyethylene glycol (MIRALAX) packet [] Stool Softener Options (Single Response)	17 g, oral, 2 times daily
() docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
() sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly
Medications - Intraventricular Medications	
[] nicardipine (CARDENE) intraVENTRICULAR 2.5	
[] nicardipine (CARDENE)intraVENTRICULAR syringe	4 mg, intraventricular, user specified, Starting S
[] sodium chloride 0.9 % (PF) 0.9 % intraVENTRICULAR flush	5 mL, intraventricular, user specified, Starting S
[]_alteplase (CATHFLO) intraVENTRICULAR 1 mg	
[] alteplase (TPA) 1 mg/mL intraVENTRICULAR syringe	2 mg, intraventricular, user specified, S at 5:00 PM RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one?
[] sodium chloride 0.9 % (PF) 0.9 % intraVENTRICULAR flush	5 mL, intraventricular, user specified, S at 5:00 PM
IV Infusions - Vasopressors (Single Response)	

() phenylephrine (NEO-SYNEPHRINE) in sodium chloride 0.9 % 250 mL infusion	5-180 mcg/min, intravenous, continuous Initiate phenylephrine infusion at 10 mcg/min. Titrate by 10 mcg/min every 5 minutes to maintain a Mean Arterial Pressure of *** mm of mercury.
() DOPamine (INTROPIN) infusion	1-20 mcg/kg/min, intravenous, continuous
() Bot attitle (invitted inv) illusion	Initiate dopamine infusion at *** mcg/kg/min. Titrate by 5 mcg/kg/min every 5 minutes to maintain a Mean Arterial Pressure of *** mm of mercury.
() norepinephrine (LEVOPHED) infusion	1-20 mcg/min, intravenous, continuous Initiate rate at {NUMBERS 1 OR 2:26338} mcg/min. Titrate by 5 mcg/min every 5 minutes for a Mean Arterial Pressure of *** mm of mercury.
() vasopressin (PITRESSIN) 0.4 Units/mL in sodium chloride 0.9 % 100 mL infusion	0.01-0.04 Units/min, intravenous, continuous Initiate vasopressin infusion at 0.01 units/min. Titrate by 0.01 units/min to keep mean arterial pressure above *** millimeters of mercury.
Antihypertensives - IV Infusion (Single Response)	
() niCARdipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, continuous Initiate infusion at 2.5 mg/hr. Titrate to keep systolic blood pressure less than 160 mm of mercury. Titrate to 2.5 mg/hr every 15 minutes. Do not exceed 15 mg/hr. Decrease to 3 mg/hr after achieving BP goal.
Antihypertensives - PRN (Single Response)	
() hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours PRN, high blood pressure, systolic blood pressure greater than 160 mm of mecury HOLD parameters for this order: Contact Physician if:
() labetalol (TRANDATE) injection	10 mg, intravenous, every 15 min PRN, high blood pressure, systolic blood pressure greater than 160 mm of mercury Hold for a heart rate of less than 60 beats per minute. Notify MD if 3 successive doses are administered.
() metoprolol (LOPRESSOR) injection	5 mg, intravenous, every 6 hours PRN, high blood pressure, systolic blood pressure greater than 160 mm of mecury Hold for heart rate less than 60 beats per minute. HOLD parameters for this order: Contact Physician if:
() enalaprilat (VASOTEC) injection	1.25 mg, intravenous, every 6 hours PRN, high blood pressure, systolic blood pressure greater than 160 mm of mercury HOLD parameters for this order: Contact Physician if:
PRN Medications - Insomnia (Single Response)	
() zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
PRN Medications - Insomnia (Single Response)	
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
PRN Medications - Bowel Management (Single Response)	
() magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation Give scheduled until bowel movement.
() bisacodyl (DULCOLAX) EC tablet	10 mg, oral, nightly PRN, constipation Give scheduled until bowel movement.
() bisacodyl (DULCOLAX) suppository	10 mg, rectal, nightly PRN, constipation Give scheduled until bowel movement.
() milk and molasses enema	30 mL, rectal, daily PRN, constipation

PRN Medications - Bowel Management	
[] saline,mineral oil,glycerin (S.M.O.G.) enema	180 mL, rectal, once
PRN Medications - Fever Management	
	II Wall Pales I Daniel
[] Acetaminophen oral/oral liquid/rectal - fever contr	
sources)	rom all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, fever 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.
[] ibuprofen (ADVIL,MOTRIN) tablet	200 mg, oral, every 8 hours PRN, fever
PRN Medications - Antiemetics: For Patients LESS	S than 65 years old
ondansetron (ZOFRAN) IV or Oral (Selection Rec	uired) "Or" Linked Panel
[] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset o action is required.
[] ondansetron (ZOFRAN) 8 mg, dexamethasone (DECADRON) 8 mg in sodium chloride 0.9 % 50 IVPB (Use caution when using in pituitary patients	8 mg, intravenous, for 10 Minutes, once PRN, nausea mL
[] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg days) - For Patients LESS than 65 years old	
PRN Medications - Antiemetics: For Patients GRE	ATER than or EQUAL to 65 years old
[] ondansetron (ZOFRAN) IV or Oral (Selection Rec	uired) "Or" Linked Panel
[] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset or action is required.
[] ondansetron (ZOFRAN) 8 mg, dexamethasone (DECADRON) 8 mg in sodium chloride 0.9 % 50 IVPB (Use caution when using in pituitary patients	8 mg, intravenous, for 10 Minutes, once PRN, nausea mL
PRN Medications - Eye/Sinus Care	
[] artificial tears ointment	Both Eyes, every 4 hours PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)
[] artificial tears solution	2 drop, Both Eyes, every 2 hour PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)
[1] sodium chloride (OCEAN) 0.65 % pasal spray	2 spray Each Nare every 6 hours DPN pasal stuffiness

VTE

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:	
()	LOW Risk of DVT (Selection Required)		
	Low Risk Definition Age less than 60 years and NO other VTE risk facto	rs	
	Description Low Risk (Single Response) (Selection Required)		
	,	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation	
()	MODERATE Risk of DVT - Surgical (Selection Requ	uired)	
		chanical 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			
i	Moderate Risk (Selection Required)		
	· · · · · · · · · · · · · · · · · · ·	Routine, Once	
	 Moderate Risk Pharmacological Prophylaxis - Sur Patient (Single Response) (Selection Required) 	rgical	
	() Contraindications exist for pharmacologic prophy BUT order Sequential compression device	ylaxis "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 proph 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 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

()	fondanarinus (ADIVTDA) injection	2.5 mg subsutaneous doily Starting C.1.1
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
		If the patient does not have a history of or suspected case of
		Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
		Contraindicated in patients LESS than 50kg, prior to surgery/invasive
		procedure, or CrCl LESS than 30 mL/min.
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
		Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
. ,	(COUMADIN)	Indication:
$\overline{()}$ M(ODERATE Risk of DVT - Non-Surgical (Selection	1

) 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) (Select	ion
Required)	
Contraindications exist for pharmacologic prop Order Sequential compression device	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
() 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	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 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

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgion	cal Patient
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
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	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	· · · · · · · · · · · · · · ·

()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (S Required)	Selection
()	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
/ \ HI	GH Risk of DVT - Non-Surgical (Selection Red	ruired)

() 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

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

() Place/Maintain sequential compression Routine, Continuous device continuous

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

High Risk (Selection Required) High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Hip o	
(Arthroplasty) Surgical Patient (Single Respon	
(Selection Required)	36)
	Douting Once
) 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
V samining also socials Asials	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	30 mg, subcutaneous, daily at 0600, Starting S+1
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 3
	mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL
Patients weight between 140 kg or	Starting S+1
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than
mL/min	mL/min
) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicat
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
) heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LES
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
) rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
knee arthroplasty planned during this	To be Given on Post Op Day 1.
admission	Indications:
) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
,	Indication:
) Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:

[] Mechanical Prophylaxis (Single Response) Required)) (Selection
() 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
DVT Risk and Prophylaxis Tool (Single Respo	onse) (Selection Required) URL: "\appt1.pdf"
() Patient currently has an active order for thera 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 ris	sk factors
[] Low Risk (Single Response) (Selection Re	equired)
() 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 Moderate Risk Definition	n Required)
Pharmacologic prophylaxis must be addressed contraindicated. One or more of the following medical condition CHF, MI, lung disease, pneumonia, active infinitionstroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 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 Pharmacological Prophylax Patient (Single Response) (Selection Required) () Contraindications exist for pharmacological BUT order Sequential compression devices	Routine, Once kis - Surgical uired) Caprophylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic AND mechanical prophylaxis	
[] Contraindications exist for pharmacological prophylaxis	ic 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 (Selection Required)	Response)
() 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
() Di	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	
() 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
() MODERATE Risk of DVT - Non-Surgical (Selection	n
Required)	
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease,	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous 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 hour Less than fully and independently ambulatory	s
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 of VTE Moderate Risk Pharmacological Prophylaxis -	Noutine, Office
Non-Surgical Patient (Single Response) (Select Required)	ion
Contraindications exist for pharmacologic prop Order Sequential compression device	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):

contraindication(s):

Routine, Continuous

"And" Linked Panel

Place/Maintain sequential compression device continuous

() Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

() heparin (porcine) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() 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
() 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
() 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 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) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe 	ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once
· · · · · · · · · · · · · · · · · · ·	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
() HIGH Risk of DVT - Surgical (Selection Required)	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
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.
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
() heparin (porcine) injection	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours
() Iondapanilux (ARIXTRA) injection	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
CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 2.5 mg, subcutaneous, daily
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND	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 40 mg, subcutaneous, every 12 hours at 0900, 2100, 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
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	contraindication(s): ponse)
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

		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)	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:
) I	HIG	GH Risk of DVT - Non-Surgical (Selection Requir	ed)
,	Add	dress both pharmacologic and mechanical proph	ylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[]		High Risk (Selection Required)	
		High risk of VTE	Routine, Once
[]	F	High Risk Pharmacological Prophylaxis - Non-Su 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 Respo	· · · · · · · · · · · · · · · · · · ·
	()	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	40 mg, subcutaneous, every 12 hours at 0900, 2100
	.,	CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
	()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
-	()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
-		heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
		for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
		weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
(()	warfarin (COUMADIN) tablet	oral, daily at 1700
-	<i>/</i> \	Dhamas and the management of the	Indication:
(()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
·)	HIG	GH Risk of DVT - Surgical (Hip/Knee) (Selection	maioation.
,		quired)	
			ylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[]] F	High Risk (Selection Required)	
	[]	High risk of VTE	Routine, Once
[]	(,	High Risk Pharmacological Prophylaxis - Hip or h 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 Respo (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 3 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:
isk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
tient currently has an active order for therapeutic icoagulant or VTE prophylaxis	
W Risk of DVT (Selection Required)	, _F)
v Risk Definition e less than 60 years and NO other VTE risk facto	ors
ow Risk (Single Response) (Selection Required)
Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge
	enoxaparin (LOVENOX) syringe - 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 enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended 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 admission warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) sk and Prophylaxis Tool (Single Response) ient currently has an active order for therapeutic icoagulant or VTE prophylaxis W Risk of DVT (Selection Required) v Risk Definition eless than 60 years and NO other VTE risk factors.

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 (Selection Required)	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop	
BUT order Sequential compression device	•
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[] Dissa (Maintain as montial assumption	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop	ohylaxis "And" Linked Panel
AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
1 1 3	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	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
() patients weight 140 kg or GREATER AND	mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1
or or orcer than oo me, min	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
() heparin (porcine) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
<u> </u>	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	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

11 Moderate Diek (Colection Dequired)	
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selective Required)	
() Contraindications exist for pharmacologic prop Order Sequential compression device	phylaxis - "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 propagation AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() 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 - Surgion(Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	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 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

() 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 of VTE	Routine, Once
 High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) 	urgical
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
() 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 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
() 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) (Selequired)	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

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

] High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	Knee
() 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 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 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 3 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 3 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 LES 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) (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
.abs	
abs	
Blood gas, arterial	STAT For 1 Occurrences
Type and screen	Once
[] Basic metabolic panel	Once
CBC hemogram	Once
[] CBC with platelet and differential	Once
[] Partial thromboplastin time	Once
Prothrombin time with INR	Once
Platelet function analysis	Once
Platelet function P2Y12	Once
Hemoglobin A1c	Once
Bedside Glucose and Notify - if NPO or	"And" Linked Panel
enteral/parenteral feeding (Selection Required)	
[] Bedside glucose	Routine, Every 4 hours
F1 Night, Disserting of the details of the	If NPO or receiving continuous enteral or parenteral feeding.
[] Notify Physician of bedside blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL	Routine, Until discontinued, Starting S, Finger stick blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL
 Bedside Glucose and Notify - On admission (Selegoried) 	ection "And" Linked Panel
[X] Bedside glucose	Routine, Once For 1 Occurrences On admission
[X] Notify Physician of bedside blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL	Routine, Until discontinued, Starting S, Finger stick blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL
 Bedside Glucose and Notify - Before Meals and a Bedtime (Selection Required) 	at "And" Linked Panel
[] Bedside glucose	Routine, 4 times daily before meals and at bedtime When patient is eating.
[] Notify Physician of bedside blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL	Routine, Until discontinued, Starting S, Finger stick blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL
Phenytoin level, free	Once
Phenytoin level	Once
Testosterone	Once
Growth hormone	Once
Prolactin	Once
Follicle stimulating hormone	Once
Luteinizing hormone	Once
Cortisol level, AM	AM draw For 1 Occurrences
Cortisol level, random	Once
Estradiol	Once
TSH	Once
Urine drugs of abuse screen	Once
(] Urinalysis screen and microscopy, with reflex to o	culture Once Specimen Source: Urine Specimen Site:
licrobiology	
Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, very 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, wite 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.
] Sputum culture	Once, Sputum
Cardiology	
Cardiology	
] ECG 12 lead	Routine, Once
1 200 200	Clinical Indications: Pre-Op Clearance
1. E. h	Interpreting Physician:
Echocardiogram complete w contrast and 3D ifPV duplex venous lower extremity bilat	needed Routine, 1 time imaging Routine, 1 time imaging
PV duplex verious lower extremity bliat PV duplex venous lower extremity left	Routine, 1 time imaging Routine, 1 time imaging
PV duplex verious lower extremity right	Routine, 1 time imaging
	reduie, rame imaging
Cardiology	
] ECG 12 lead	Routine, Once
	Clinical Indications: Pre-Op Clearance
] Echocardiogram complete w contrast and 3D if	Interpreting Physician: needed Routine, 1 time imaging
1	, 3 3
maging	
Diagnostic MRI/MRA	
1 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
СТ	
] 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 CTA Neck W Wo Contrast	Routine, 1 time imaging For 1 Routine, 1 time imaging For 1
] CTA Neck W WO Contrast	Noutine, I time imaging For T
Diagnostic 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)	"And" Linked Panel
[] Skull < 4 Vw	Routine, 1 time imaging For 1
[] Chest 2 Vw	Routine, 1 time imaging For 1
[] Abdomen Ap And Lateral [] Cervical Spine 2 Or 3 Vw	Routine, 1 time imaging For 1 Routine, 1 time imaging For 1
[] Cervical Spine 2 Or 3 Vw	Nodulie, i ulile illiagilig FOF I
Other Studies	
Other Diagnostic Studies	
] Angiogram Cerebral Bilateral	Routine, 1 time imaging For 1
, g g	4 vessel angiogram

[] PV Transcranial Doppler intracranial arteries complete	Routine, 1 time imaging For 6 Occurrences Perform Monday, Wednesday, Friday or three alternating days of a week for two consecutive weeks.
[] Continuous EEG monitoring	Routine, Daily imaging For 7 Days, For 7 Days Clinical Indication: Testing Location: At Bedside (Patients Room) Testing Duration: Until D/C Ordered Record Video? Yes
Other Diagnostic Studies	
[] Angiogram Cerebral Bilateral	Routine, 1 time imaging For 1 4 vessel angiogram
[] Continuous EEG monitoring	Routine, Daily imaging For 7 Days, For 7 Days Clinical Indication: Testing Location: At Bedside (Patients Room) Testing Duration: Until D/C Ordered Record Video? Yes
Respiratory	
Respiratory	
[] Incentive spirometry	Routine, Every hour While awake
[] Oxygen therapy - Nasal cannula	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 95% Indications for O2 therapy:
[] Oxygen therapy - Simple face mask	Routine, Continuous Device: Simple Face Mask Rate in liters per minute: 6 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 95% Indications for O2 therapy: Device 2: Device 3:
[] Mechanical ventilation	Routine Mechanical Ventilation: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies:
Consults For Physician Consult orders use sidebar	
•	
Ancillary Consults [] Consult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:
[X] 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?

[X] Consult OT Eval and Teat	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?
Physician Consults	
[] Consult Intensive Care	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Physical Medicine Rehab	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?