

**General**

**Present on Admission (Single Response) (Selection Required)**

- COVID-19 virus detected Details
- Suspected COVID-19 Virus Details

**Admission (Single Response)**

Patient has active status order on file.

- Admit to inpatient 
 Diagnosis:  
 Admitting Physician:  
 Level of Care:  
 Patient Condition:  
 Bed request comments:  
 Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

**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:

**COVID-19 ISOLATION NOT REQ**

	<b>ACUTE CARE PATIENT WITH NO AEROSOL GENERATING PROCEDURES</b>	<b>PATIENT WITH INTERMITTENT AEROSOL GENERATING TREATMENT/PROCEDURES</b>	<b>CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL GENERATING TREATMENT/PROCEDURES</b>
Precautions	Standard + Droplet + Contact + Eye Protection	Standard + Modified Droplet + Contact + Eye Protection	Standard + Airborne + Contact + Eye Protection

- Acute care patient with no aerosol generating procedures
  - Droplet isolation status Include eye protection
  - Contact isolation status Include eye protection
- Patient with intermittent aerosol generating treatment/procedures
  - Modified droplet isolation status Include eye protection
  - Contact isolation status Include eye protection
- Critical care patient with continuous aerosol generating treatment/procedures
  - Airborne isolation status Include eye protection



<input type="checkbox"/> Elevate HOB	Routine, Until discontinued, Starting S Head of bed: 30 degrees
<input type="checkbox"/> Daily weights	Routine, Daily
<b>Activity (Selection Required)</b>	
<input checked="" type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
<b>COVID-19 Position Care</b>	
<input type="checkbox"/> ICU proning interventions	Routine, Until discontinued, Starting S
<input type="checkbox"/> Return patient to supine post-proning	Routine, Until discontinued, Starting S
<b>Notify</b>	
<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: MAP less than: 65 Heart rate greater than (BPM): 120 Heart rate less than (BPM): 60 Respiratory rate greater than: Respiratory rate less than: SpO2 less than: 92
<input checked="" type="checkbox"/> Notify Physician for any acute changes in patient conditions (mental status, RR, O2 requirement, or other vital sign changes)	Routine, Until discontinued, Starting S For Until specified, For critical values.
<b>Diet (Single Response)</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"/> Diet -	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Tube Feeding	

<input type="checkbox"/> Tube feeding - continuous	Continuous Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Continuous Tube Feeding Route: Initial Tube Feed rate (mL/hr): Advance Rate by (mL/hr): Goal Tube Feed Rate (mL/hr): Dietitian to manage Tube Feed?
<input type="checkbox"/> XR Abdomen 1 Vw	Routine, 1 time imaging For 1

## IV Fluids-IV Fluids for COVID-19 Should be Minimized

IV Fluids for COVID-19 Should be Minimized

### Insert and Maintain IV / Central Line Access

<input checked="" type="checkbox"/> Insert and Maintain IV	<b>"And" Linked Panel</b>
<input checked="" type="checkbox"/> Insert peripheral IV	STAT, Once For 1 Occurrences
<input checked="" type="checkbox"/> Saline lock IV	Routine, Once For 1 Occurrences
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
<input type="checkbox"/> Consult for Venous Access	Access: If GFR less than 45, has nephrology been consulted?

### Bolus Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
<input type="checkbox"/> albumin human 5 % bottle	25 g, intravenous, for 15 Minutes, once, For 1 Doses
	Indication:

## Medications

### Pharmacy Consults

<input checked="" type="checkbox"/> Pharmacy consult to change IV medications to concentrate fluids maximally	STAT, Until discontinued, Starting S
<input checked="" type="checkbox"/> Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:

### General COVID-19 Treatment

HM actively DISCOURAGES the combination of Azithromycin (+) Hydroxychloroquine as a treatment for COVID -19. The use of Hydroxychloroquine/Chloroquine for COVID-19 at HM should only be done in the context of a clinical trial. Contact Clinical Pharmacy with questions.

Screen patients for benefit of inclusion in HM COVID Investigational Protocols

URL:  
["https://fparchives.com/houstonmethodist/documents/HM%20COVID%20algorithm.pdf"](https://fparchives.com/houstonmethodist/documents/HM%20COVID%20algorithm.pdf)  
 URL: ["https://covidtrials.houstonmethodist.org/"](https://covidtrials.houstonmethodist.org/)  
 URL:  
["https://fparchives.com/houstonmethodist/documents/COVID-19%20Anticoagulation%20Guideline.pdf"](https://fparchives.com/houstonmethodist/documents/COVID-19%20Anticoagulation%20Guideline.pdf)

lopinavir-ritonavir (KALETRA) (Single Response)

<input type="checkbox"/> lopinavir-ritonavir (KALETRA) tablet	2 tablet, oral, 2 times daily Reason for Therapy: Viral Infection Documented Indication: Other Specify: COVID-19 New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers. Are you an ID, Pulmonology or Critical Care provider?
<input type="checkbox"/> lopinavir-ritonavir (KALETRA) oral solution	5 mL, oral, 2 times daily Reason for Therapy: Viral Infection Documented Indication: Other Specify: COVID-19 New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers. Are you an ID, Pulmonology or Critical Care provider?

**Pharmacy consult for remdesivir**

Remdesivir via the FDA's EUA is subject to drug availability at HM

URL: "file://\appt1.pdf"

URL:

"https://fparchives.com/houstonmethodist/documents/HM%20EUA%20RDV%20Criteria.pdf"

<input type="checkbox"/> Pharmacy consult for remdesivir	Routine, Until discontinued, Starting S Physician contact number: Remdesivir prescribing is RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers. Are you an ID, Pulmonology or Critical Care provider?
--	--

**Immunomodulatory Agents**

<input type="checkbox"/> tocilizumab (ACTEMRA) IVPB	400 mg, intravenous, once, For 1 Doses RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of one?
<input type="checkbox"/> anakinra (KINERET) subcutaneous syringe	100 mg, subcutaneous, every 8 hours, For 9 Doses
<input type="checkbox"/> inFLIXimab (REMICADE) IVPB	5 mg/kg, intravenous, for 120 Minutes, once, For 1 Doses

**Antibiotics**

<input type="checkbox"/> azithromycin (ZITHROMAX) IV	intravenous, for 60 Minutes Reason for Therapy:
<input type="checkbox"/> cefepime (MAXIPIME) IV	intravenous Reason for Therapy:
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV	intravenous, for 30 Minutes Reason for Therapy:
<input type="checkbox"/> linezolid (ZYVOX) IV	intravenous, for 60 Minutes, every 12 hours Reason for Therapy:
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) IV	intravenous Reason for Therapy:
<input type="checkbox"/> meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Reason for Therapy:
<input type="checkbox"/> metronidazole (FLAGYL) IV	intravenous Reason for Therapy:
<input type="checkbox"/> vancomycin (VANCOGIN) IV (Single Response)	
<input type="checkbox"/> vancomycin (VANCOGIN) IV - for PERIPHERAL LINE USE ONLY	intravenous Reason for Therapy:
<input type="checkbox"/> vancomycin (VANCOGIN) IV - for CENTRAL LINE USE ONLY	intravenous Reason for Therapy:

**Scheduled Antihypertensives (Single Response)**

<input type="checkbox"/> labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily at 0600, 1800 Hold Parameters: Hold Parameters Requested Specify: Hold for heart rate less than 60/min or if systolic blood pressure is less than 100 mmHg. Contact Physician:
<input type="checkbox"/> labetalol (NORMODYNE)	intravenous, 2 times daily at 0600, 1800 HOLD parameters for this order: Hold Parameters requested HOLD for: Other Systolic BP HOLD for: Other Heart Rate Hold for Heart Rate LESS than (in bpm): 55 Contact Physician if: Hold for Systolic BP LESS than (in mmHg): 110
<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	100 mg, oral, 2 times daily at 0600, 1800 Hold Parameters: Hold Parameters Requested Specify: Hold for heart rate less than 60/min or if systolic blood pressure is less than 100 mmHg. Contact Physician:
<input type="checkbox"/> metoprolol (LOPRESSOR) injection	5 mg, intravenous Hold for heart rate less than 60/min or if systolic blood pressure is less than 100 mmHg. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours If systolic blood pressure is greater than ***. HOLD parameters for this order: Contact Physician if:

**PRN Antihypertensives**

<input type="checkbox"/> labetalol (NORMODYNE, TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg Administer at 2 mg/minute. HOLD for: Other Heart Rate Hold for Heart Rate LESS than (in bpm): 55 Contact Physician if:
<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg Hold for Heart Rate LESS than (in bpm): GREATER than 100 Contact Physician if:

**Neuromuscular Blockage (Single Response)**

Dose based on Ideal body weight (IBW), unless actual body weight LESS than ideal body weight.

<input type="checkbox"/> cisatracurium (NIMbex) Continuous Infusion Recommended for patients with renal or hepatic failure.	<b>"Followed by" Linked Panel</b>
<input type="checkbox"/> cisatracurium (NIMbex) infusion	1-10 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT**  Initiate infusion at 1mcg/kg/min. Titrate by 0.5 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2 of 4, INCREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 10mcg/kg/min.
<input type="checkbox"/> cisatracurium (NIMbex) IV Bolus and Continuous Infusion Recommended for patients with renal or hepatic failure.	<b>"Followed by" Linked Panel</b>

<input type="checkbox"/>	cisatracurium (NIMbex) injection	0.15 mg/kg, intravenous, once, For 1 Doses
<input type="checkbox"/>	cisatracurium (NIMbex) infusion	1-10 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT**
		Initiate infusion at 1mcg/kg/min. Titrate by 0.5 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2 of 4, INCREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 10mcg/kg/min.

( ) vecuronium (NORCURON) Continuous Infusion **"Followed by" Linked Panel**  
Use caution in patients with renal or hepatic dysfunction

<input type="checkbox"/>	vecuronium (NORCURON) 1 mg/mL in sodium chloride 0.9% 100 mL infusion	0.8-1.5 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT**
		Initiate infusion at 0.8mcg/kg/min. Titrate by 0.1 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2/4, INCREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 1.5mcg/kg/min.

( ) vecuronium (NORCURON) IV Bolus and Continuous Infusion **"Followed by" Linked Panel**  
Use caution in patients with renal or hepatic dysfunction

<input type="checkbox"/>	vecuronium (NORCURON) injection	0.1 mg/kg, intravenous, once, For 1 Doses
<input type="checkbox"/>	vecuronium (NORCURON) 1 mg/mL in sodium chloride 0.9% 100 mL infusion	0.8-1.5 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT**
		Initiate infusion at 0.8mcg/kg/min. Titrate by 0.1 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2/4, INCREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 1.5mcg/kg/min.

### Vasoactive Drips

<input type="checkbox"/>	DOPamine (INTROPIN) infusion	2-20 mcg/kg/min, intravenous, titrated
<input type="checkbox"/>	DOButamine (DOBUTREX) infusion	0.5-20 mcg/kg/min, intravenous, titrated
<input type="checkbox"/>	EPINEPHrine (ADRENALIN) in sodium chloride 0.9 % 250 mL infusion	2-30 mcg/min, intravenous, titrated
<input type="checkbox"/>	norepinephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, titrated
<input type="checkbox"/>	phenylephrine (NEO-SYNEPHRINE) in sodium chloride 0.9 % 250 mL infusion	5-150 mcg/min, intravenous, titrated
<input type="checkbox"/>	vasopressin (PITRESSIN) 0.4 Units/mL in sodium chloride 0.9 % 100 mL infusion	0.04 Units/min, intravenous, titrated
<input type="checkbox"/>	milrinone infusion 200 mcg/mL (premixed)	0.125-0.75 mcg/kg/min, intravenous, titrated
<input type="checkbox"/>	nitroglycerin infusion	5-200 mcg/min, intravenous, titrated
<input type="checkbox"/>	nitroprusside (NIPRIDE) infusion	0.3-8 mcg/kg/min, intravenous, titrated

<input type="checkbox"/> niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated
<input type="checkbox"/> esmolol (BREVIBLOC) infusion	50-200 mcg/kg/min, intravenous, titrated

### Sedation

<input type="checkbox"/> propofol (DIPRIVAN) or DEXMEDETomidine (PREcedex) infusion	
<input type="checkbox"/> propofol (DIPRIVAN) infusion	0-50 mcg/kg/min, intravenous, continuous After initiation reassess RASS/BIS within 10 min. Titrate for Sedation. LESS than desired sedation effect: INCREASE rate by 5 mcg/kg/min. Reassess sedation within 10 minutes. DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. GREATER than desired sedation effect: DECREASE rate 5 mcg/kg/min and reassess sedation within 15 minutes. If patient requiring GREATER than: 50 mcg/kg/min, Contact MD to re-evaluate sedation therapy
<input type="checkbox"/> dexMEDETomidine (PREcedex) infusion	0.1-1.5 mcg/kg/hr, intravenous, continuous Generally for mild to moderate sedation. Not for use in patients on neuromuscular blocking agents. NO LOADING DOSE. After initiation reassess RASS within 1 hour. Titrate for Sedation. LESS than desired sedation effect: INCREASE rate by 0.1 mcg/kg/hour. Reassess RASS within 1 hours. DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours GREATER than desired sedation effect: DECREASE rate by 0.1 mcg/kg/hour. Reassess RASS within one hour. If patient requiring GREATER than: 1.5 mcg/kg/hr, Contact MD to re-evaluate sedation therapy
<input type="checkbox"/> lorazepam (ATIVAN) or midazolam (VERSED) infusion - NOT HMW (Single Response)	
<input type="checkbox"/> lorazepam (ATIVAN) 60 mg/30 mL infusion	Loading Dose (optional): Not Ordered Nursing Bolus Dose: 0.5 mg Continuous Dose: Not Ordered intravenous, continuous If LESS than desired sedation effect: administer ordered BOLUS dose IVOnce and increase rate by 0.25 milligram/hour then reassess sedation in one hour.If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.If GREATER than desired sedation effect: Decrease rate by 0.25milligram/hour and reassess sedation within one hour.If patient requires GREATER than 5 milligram/hour lorazepam, contact MDto re-evalute sedation therapy. Indication(s): Sedation
<input type="checkbox"/> midazolam (VERSED) 60 mg/30 mL infusion	intravenous, continuous If LESS than desired sedation effect: administer ordered BOLUS dose IVOnce and increase rate by 0.25 milligram/hour then reassess sedation in one hour.If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.If GREATER than desired sedation effect: Decrease rate by 0.25milligram/hour and reassess sedation within one hour.If patient requires GREATER than 5 milligram/hour midazolam, contact MDto re-evalute sedation therapy. Indication(s): Sedation
<input type="checkbox"/> lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMWB Only (Single Response)	



<p>( ) LORAZepam (ATIVAN) 60 mg/30 mL infusion</p>	<p>Loading Dose (optional): Not Ordered&lt;BR&gt;Nursing Bolus Dose: 0.5 mg&lt;BR&gt;Continuous Dose: Not Ordered intravenous, continuous          If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour.          If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.          If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour.          If patient requires GREATER than 5 milligram/hour lorazepam, contact MD to re-evalute sedation therapy.          Indication(s): Sedation</p>
<p>( ) MIDAZolam (VERSED) 30 mg/30 mL infusion</p>	<p>intravenous, continuous          If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour.          If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.          If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour.          If patient requires GREATER than 5 milligram/hour midazolam, contact MD to re-evalute sedation therapy.          Indication(s): Sedation</p>
<p>[ ] lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMW Only (Single Response)</p>	
<p>( ) LORAZepam (ATIVAN) 30 mg/30 mL infusion</p>	<p>Loading Dose (optional): Not Ordered&lt;BR&gt;Nursing Bolus Dose: 0.5 mg&lt;BR&gt;Continuous Dose: Not Ordered intravenous, continuous          If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour.          If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.          If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour.          If patient requires GREATER than 5 milligram/hour lorazepam, contact MD to re-evalute sedation therapy.          Indication(s): Sedation</p>
<p>( ) MIDAZolam in 0.9% NaCl (VERSED) 55 mg/55 mL infusion</p>	<p>intravenous, continuous          If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour.          If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.          If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour.          If patient requires GREATER than 5 milligram/hour midazolam, contact MD to re-evalute sedation therapy.          Indication(s):</p>
<p>[ ] fentanyl (SUBLIMAZE) or hydromorPHONE (DILAUDID) infusion - HMSJ Only (Single Response)</p>	

( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion  
 intravenous, continuous  
 \*\*Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated.\*\*  
 If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 25 micrograms/hour then reassess sedation in one hour.  
 If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.  
 If GREATER than desired sedation effect: Decrease rate by 25 micrograms/hour and reassess sedation within one hour.  
 If patient requires GREATER than 200 micrograms/hour fentanyl, contact MD to re-evalute sedation therapy.

( ) hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% infusion  
 intravenous, continuous  
 If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.5 milligrams/hour then reassess sedation in one hour.  
 If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.  
 If GREATER than desired sedation effect: Decrease rate by 0.5 milligrams/hour and reassess sedation within one hour.  
 If patient requires GREATER than 2 milligrams/hour hydromorphone, contact MD to re-evalute sedation therapy.

[ ] fentanyl (SUBLIMAZE) or hydromorPHONE (DILAUDID) infusion - NOT HMSJ (Single Response)

( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion  
 intravenous, continuous  
 \*\*Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated.\*\*  
 If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 25 micrograms/hour then reassess sedation in one hour.  
 If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.  
 If GREATER than desired sedation effect: Decrease rate by 25 micrograms/hour and reassess sedation within one hour.  
 If patient requires GREATER than 200 micrograms/hour fentanyl, contact MD to re-evalute sedation therapy.

( ) hydromorPHONE (DILAUDID) 15 mg/30 mL infusion  
 intravenous, continuous  
 If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.5 milligrams/hour then reassess sedation in one hour.  
 If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.  
 If GREATER than desired sedation effect: Decrease rate by 0.5 milligrams/hour and reassess sedation within one hour.  
 If patient requires GREATER than 2 milligrams/hour hydromorphone, contact MD to re-evalute sedation therapy.

**Antitussives (Single Response)**

( ) guaifenesin (MUCINEX) 12 hr tablet 1,200 mg, oral, every 12 hours PRN, cough  
 ( ) dextromethorphan-guaifenesin (ROBITUSSIN-DM) 10-100 mg/5 mL liquid 10 mL, oral, every 12 hours PRN, cough  
 ( ) benzonatate (TESSALON) capsule 200 mg, oral, every 8 hours PRN, cough

**Antipyretics**

[ ] acetaminophen (TYLENOL) tablet 500 mg, oral, every 4 hours PRN, fever, Fever GREATER than 100.5 F

<input type="checkbox"/> acetaminophen (OFIRMEV) injection	1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
--	---

### Stress Ulcer Prophylaxis (Single Response)

<input type="checkbox"/> famotidine (PEPCID) IV or ORAL	<b>"Or" Linked Panel</b>
<input type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, every 12 hours IV or ORAL
<input type="checkbox"/> famotidine (PEPCID) tablet	20 mg, oral, every 12 hours IV or ORAL
<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:
<input type="checkbox"/> omeprazole (PriLOSEC) suspension	40 mg, Nasogastric, once, For 1 Doses Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

### Dexamethasone PO or IV (Single Response)

-Dexamethasone should only be used in COVID-19 patients (a) requiring oxygen supplementation or (b) requiring ventilator support.

-Caution in using steroids early in COVID-19 disease (i.e. symptoms less than 7 days).

<input type="checkbox"/> dexamethasone (DECADRON) tablet	6 mg, oral, daily, For 10 Doses
<input type="checkbox"/> dexamethasone (DECADRON) IV	6 mg, intravenous, daily, For 10 Doses
<input type="checkbox"/> dexamethasone 4 mg/mL oral suspension	6 mg, oral, daily, For 10 Doses

### Antiemetics

<input type="checkbox"/> ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

### Antiemetics

<input type="checkbox"/> ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

### Antiemetics

<input type="checkbox"/> ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
<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.

### Constipation (Single Response)

<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
<input type="checkbox"/> lactulose solution	20 g, oral, every 8 hours PRN, constipation
<input type="checkbox"/> polyethylene glycol (GLYCOLAX) packet	17 g, oral, daily PRN, constipation
<input type="checkbox"/> docusate (COLACE) 50 mg/5 mL liquid	100 mg, Nasogastric, 2 times daily PRN, constipation
<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily

### Eye Care

<input type="checkbox"/> 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)
<input type="checkbox"/> hypromellose (NATURES TEARS) ophthalmic 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)

### Pain/Analgesia

PRN Mild Pain (Pain Score 1-3) or Fever (Single Response)

(adjust dose for renal/liver function and age)

acetaminophen (TYLENOL) tablet OR oral solution **"Or" Linked Panel**  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen (TYLENOL) tablet 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, for fever GREATER than 102 F  
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, mild pain (score 1-3), fever, for fever GREATER than 102 F  
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.

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

(adjust dose for renal/liver function and age)

acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.

acetaminophen-codeine 300 mg-30 mg /12.5 mL solution 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6)  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b>
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b>
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b>
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] HYDROcodone-acetaminophen (NORCO) 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet.
( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day).  Give if patient is able to tolerate oral medication

[ ] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir	<b>"Or" Linked Panel</b>
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	<b>"Or" Linked Panel</b>
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	

<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/>	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/>	traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day).
Give if patient is able to tolerate oral medication		
<input type="checkbox"/> PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response) (adjust dose for renal/liver function and age)		
<input type="checkbox"/>	fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/>	morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/>	HYDROmorphine (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response) (adjust dose for renal/liver function and age)		
<input type="checkbox"/>	fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/>	morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/>	HYDROmorphine (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response) (adjust dose for renal/liver function and age)		
<input type="checkbox"/>	HYDROmorphine (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
<input type="checkbox"/>	morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
<input type="checkbox"/>	oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
<input type="checkbox"/> PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response) (adjust dose for renal/liver function and age)		
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
<input type="checkbox"/>	HYDROmorphine (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
<input type="checkbox"/>	morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
<input type="checkbox"/>	oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
<input type="checkbox"/> PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response) (adjust dose for renal/liver function and age)		
<input type="checkbox"/>	fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed

<input type="checkbox"/> morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed
[ ] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response) (adjust dose for renal/liver function and age)	
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed

### Insomnia

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

### Respiratory Inhalers

<input type="checkbox"/> albuterol (PROAIR HFA) inhaler	2 puff, inhalation, every 4 hours PRN, wheezing MDI with spacer only
<input type="checkbox"/> ipratropium (ATROVENT HFA) inhaler	2 puff, inhalation, every 4 hours PRN, wheezing, shortness of breath MDI with spacer only

### sodium chloride 0.9% bag for line care

<input checked="" type="checkbox"/> sodium chloride 0.9% bag for line care	250 mL, intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.
--	--

## VTE

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

URL: "\appt1.pdf"

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

**Moderate Risk Definition**

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

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

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

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

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

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

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600, 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 - **"And" Linked Panel**  
Order Sequential compression device

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

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

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

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

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

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

( ) enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700, 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:

<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> 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
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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)

High risk of VTE Routine, Once

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

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

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

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

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

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

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

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 BUT order Sequential compression device      **"And" Linked Panel**

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

Place/Maintain sequential compression device continuous      Routine, Continuous

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

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

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

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

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

<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> MODERATE Risk of DVT - Non-Surgical (Selection Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	<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
<input type="checkbox"/> 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):

<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

HIGH Risk of DVT - Surgical (Selection Required)

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

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> 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
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

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

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

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

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

patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 30 mg, subcutaneous, every 12 hours at 0900, 2100, 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.

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

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

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

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

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



<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

URL: "\appt1.pdf"

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

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

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

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

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

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

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

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

<input type="checkbox"/>	Moderate risk of VTE	Routine, Once
<input type="checkbox"/>	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	<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
<input type="checkbox"/>	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):
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/>	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
<input type="checkbox"/>	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
<input type="checkbox"/>	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/>	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/>	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/>	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/>	<b>HIGH Risk of DVT - Surgical (Selection Required)</b>	
	High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/>	High Risk (Selection Required)	
<input type="checkbox"/>	High risk of VTE	Routine, Once

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

- |  |  |
|--|--|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):  |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)<br>(Selection Required)  |  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600, Starting S+1   |
| <input type="checkbox"/> patients with CrCL LESS than 30 mL/min  | 30 mg, subcutaneous, daily at 0600, Starting S+1<br>For Patients with CrCL LESS than 30 mL/min   |
| <input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min  | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min   |
| <input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min   | 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1<br>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM   |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.   |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |

Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

High Risk Definition  
Both pharmacologic AND mechanical prophylaxis must be addressed.  
One or more of the following medical conditions:  
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)  
Severe fracture of hip, pelvis or leg  
Acute spinal cord injury with paresis  
Multiple major traumas  
Abdominal or pelvic surgery for CANCER  
Acute ischemic stroke  
History of PE

High Risk (Selection Required)

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis                    | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)<br>(Selection Required) |   |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe   | 40 mg, subcutaneous, daily at 1700, Starting S  |

<input type="checkbox"/> 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
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> 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
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1

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

## Labs

### Laboratory-Admission

<input checked="" type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time, activated (PTT)	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Troponin	STAT For 1 Occurrences
<input checked="" type="checkbox"/> BNP	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Myoglobin	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Procalcitonin	STAT For 1 Occurrences
<input checked="" type="checkbox"/> IgG subclasses	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Creatine kinase, total (CPK)	STAT For 1 Occurrences
<input type="checkbox"/> hCG qualitative, urine screen	STAT For 1 Occurrences

### Laboratory-Inflammatory Bundle

<input checked="" type="checkbox"/> C-reactive protein	Once
<input checked="" type="checkbox"/> Interleukin 6	Once
<input checked="" type="checkbox"/> Ferritin level	Once
<input checked="" type="checkbox"/> D-dimer	Once
<input checked="" type="checkbox"/> LDH	Once
<input checked="" type="checkbox"/> Triglycerides	Once
<input checked="" type="checkbox"/> Fibrinogen	Once
<input type="checkbox"/> Prothrombin time with INR	Once
<input type="checkbox"/> Partial thromboplastin time, activated	Once

## Laboratory-Daily Repeat

<input checked="" type="checkbox"/> CBC with platelet and differential	AM draw repeats For 3 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic panel	AM draw repeats For 3 Occurrences

### Additional Daily labs-Critical Illness/Clinical Deterioration

Consider these daily repeat labs with Moderate/Severe Illness in COVID-19 positive patients.

<input type="checkbox"/> Troponin	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> D-dimer	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> C-reactive protein	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> LDH	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> Ferritin level	AM draw repeats, Starting S+1 For 3 Occurrences

## Laboratory-Type and Screen

<input checked="" type="checkbox"/> Type and screen	STAT For 1 Occurrences
---	------------------------

## Cardiology

### Cardiology

<input checked="" type="checkbox"/> ECG 12 lead upon admission	Routine, STAT For 1 Occurrences Clinical Indications: Rate/Rhythm Interpreting Physician:
<input type="checkbox"/> ECG 12 lead daily	Routine, Daily For 3 Occurrences Clinical Indications: Interpreting Physician:
<input type="checkbox"/> Transthoracic Echocardiogram Complete, (w Contrast, Strain and 3D if needed)	Routine, 1 time imaging

## Imaging

### CXR

<input checked="" type="checkbox"/> XR Chest 1 Vw Portable	STAT, 1 time imaging For 1 Occurrences
<input type="checkbox"/> Daily XR Chest 1 Vw Portable	Routine, Daily imaging, Starting S+1 For Until specified Consider daily CXR for the following patients: Age > 70, BMI > 40, or Increasing O2 requirements on the floor.

## Respiratory

### Respiratory

URL: "\\appt1Hypoxemia Algorithm.pdf"

<input type="checkbox"/> Mechanical ventilation	Routine Mechanical Ventilation: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies:
<input type="checkbox"/> Oxygen therapy-	Routine, Continuous Device: Titrate to keep O2 Sat Above: Indications for O2 therapy: Device 2: Device 3: Indications for O2 therapy:
<input type="checkbox"/> Incentive spirometry	Routine, Every 2 hours while awake

## Physician Consults

### Physician Consults

Consider using these consults to assist with management of the COVID-19 positive patient.

<input type="checkbox"/> Consult Infectious Diseases for moderate to severe COVID-19 patient	Reason for Consult? Management of COVID-19 positive patient Patient/clinical information communicated?
<input type="checkbox"/> Consult Hematology and Oncology for suspected Cytokine Storm	Reason for Consult? Management of COVID-19 positive patient with suspected Cytokine Storm Patient/clinical information communicated?
<input type="checkbox"/> Consult Pulmonary/Crit Care for respiratory insufficiency	Reason for Consult? Management of COVID-19 positive patient with respiratory insufficiency Patient/clinical information communicated?
<input type="checkbox"/> Consult Nephrology/Hyperten	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?

## Ancillary Consults

### Ancillary Consults

<input type="checkbox"/> Consult to Palliative Care Service	Priority: Same Day Reason for Consult? Assistance with clarification of goals of care Order? Name of referring provider: Enter call back number:
<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 Social Work	Reason for Consult:
<input type="checkbox"/> Consult to Case Management	Consult Reason: