

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

(<input type="checkbox"/> COVID-19 virus detected	Details
(<input type="checkbox"/> Suspected COVID-19 Virus	Details

Admission (Single Response)

Patient has active status order on file.

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

[<input type="checkbox"/> Full code	Code Status decision reached by:
[<input type="checkbox"/> DNR (Selection Required)	
[<input type="checkbox"/> DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[<input type="checkbox"/> Consult to Social Work	Reason for Consult:
[<input type="checkbox"/> Modified Code	Does patient have decision-making capacity? Modified Code restrictions:
[<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:

COVID-19 ISOLATION NOT REQ

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

[<input type="checkbox"/> Acute care patient with no aerosol generating procedures	
[<input type="checkbox"/> Droplet isolation status	Include eye protection
[<input type="checkbox"/> Contact isolation status	Include eye protection
[<input type="checkbox"/> Patient with intermittent aerosol generating treatment/procedures	
[<input type="checkbox"/> Modified droplet isolation status	Include eye protection
[<input type="checkbox"/> Contact isolation status	Include eye protection
[<input type="checkbox"/> Critical care patient with continuous aerosol generating treatment/procedures	
[<input type="checkbox"/> Airborne isolation status	Include eye protection

Contact isolation status

Include eye protection

Precautions

<input type="checkbox"/> Aspiration precautions	Details
<input type="checkbox"/> Fall precautions	Increased observation level needed:
<input type="checkbox"/> Latex precautions	Details
<input type="checkbox"/> Seizure precautions	Increased observation level needed:

Nursing

Vital Signs (Selection Required)

Vital signs with link to algorithm of Stepwise management of Hypoxemia

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol For Until specified
<input checked="" type="checkbox"/> Pulse oximetry continuous	Routine, Continuous For Until specified Current FIO ₂ or Room Air:

Nursing Care

<input checked="" type="checkbox"/> Strict intake and output for a target of 24 hour NET EVEN balance	Routine, Every hour
<input checked="" type="checkbox"/> Limit repeated entry to room	Routine, Until discontinued, Starting S For Until specified Batch all care and work with pharmacy and providers to limit repeated entry to patient care room.
<input checked="" type="checkbox"/> Oral care for intubated patients	Routine, Every 4 hours For intubated patients
<input checked="" type="checkbox"/> Oral care for non intubated patients	Routine, Every shift For non intubated patients
<input type="checkbox"/> Hemodynamic Monitoring	Routine, Continuous Measure:
<input type="checkbox"/> Measure central venous pressure	Routine, Every 4 hours
<input type="checkbox"/> Telemetry	"And" Linked Panel
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO ₂ (%): 94
<input type="checkbox"/> Foley-NOT Recommended if patient able to void	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Temperature Sensing Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
<input type="checkbox"/> Neurological assessment	Routine, Every shift Assessment to Perform:
<input type="checkbox"/> Peripheral vascular assessment	Routine, Every 6 hours

<input type="checkbox"/> Elevate HOB	Routine, Until discontinued, Starting S Head of bed: 30 degrees
<input type="checkbox"/> Daily weights	Routine, Daily
Activity (Selection Required)	
<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
COVID-19 Position Care	
<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
Notify	
<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.
Diet (Single Response)	
() NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
() NPO - except meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options:
() Diet -	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
() Tube Feeding	

[] Tube feeding - continuous

Continuous
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?

[] 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

[X] Insert and Maintain IV

"And" Linked Panel

[X] Insert peripheral IV

STAT, Once For 1 Occurrences

[X] Saline lock IV

Routine, Once For 1 Occurrences

[X] sodium chloride 0.9 % flush

10 mL, intravenous, PRN, line care

[] Consult for Venous Access

Access:

If GFR less than 45, has nephrology been consulted?

Bolus Fluids (Single Response)

() sodium chloride 0.9 % bolus 500 mL

500 mL, intravenous, for 15 Minutes, once, For 1 Doses

() sodium chloride 0.9 % bolus 1000 mL

1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses

() lactated ringer's bolus 500 mL

500 mL, intravenous, for 15 Minutes, once, For 1 Doses

() lactated ringers bolus 1000 mL

1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses

() albumin human 5 % bottle

25 g, intravenous, for 15 Minutes, once, For 1 Doses

Indication:

Medications

Pharmacy Consults

[X] Pharmacy consult to change IV medications to concentrate fluids maximally

STAT, Until discontinued, Starting S

[X] 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>"

URL: "<https://covidtrials.houstonmethodist.org/>"

URL:

"<https://fparchives.com/houstonmethodist/documents/COVID-19%20Anticoagulation%20Guideline.pdf>"

[] lopinavir-ritonavir (KALETRA) (Single Response)

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

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"

[] 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?
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Immunomodulatory Agents

[] 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?
[] anakinra (KINERET) subcutaneous syringe	100 mg, subcutaneous, every 8 hours, For 9 Doses
[] inFLIXimab (REMICADE) IVPB	5 mg/kg, intravenous, for 120 Minutes, once, For 1 Doses

Antibiotics

[] azithromycin (ZITHROMAX) IV	intravenous, for 60 Minutes Reason for Therapy:
[] cefepime (MAXIPIME) IV	intravenous Reason for Therapy:
[] cefTRIAxone (ROCEPHIN) IV	intravenous, for 30 Minutes Reason for Therapy:
[] linezolid (ZYVOX) IV	intravenous, for 60 Minutes, every 12 hours Reason for Therapy:
[] piperacillin-tazobactam (ZOSYN) IV	intravenous Reason for Therapy:
[] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Reason for Therapy:
[] metronidazole (FLAGYL) IV	intravenous Reason for Therapy:
[] vancomycin (VANCOCIN) IV (Single Response)	
() vancomycin (VANCOCIN) IV - for PERIPHERAL LINE USE ONLY	intravenous Reason for Therapy:
() vancomycin (VANCOCIN) IV - for CENTRAL LINE USE ONLY	intravenous Reason for Therapy:

Scheduled Antihypertensives (Single Response)

() 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:
() 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
() 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:
() 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:
() 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

[] 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:
[] 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.

() cisatracurium (NIMbex) Continuous Infusion	"Followed by" Linked Panel
Recommended for patients with renal or hepatic failure.	
[] 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.
() cisatracurium (NIMbex) IV Bolus and Continuous Infusion	"Followed by" Linked Panel

Recommended for patients with renal or hepatic failure.

<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	<p>0-50 mcg/kg/min, intravenous, continuous</p> <p>After initiation reassess RASS/BIS within 10 min. Titrate for Sedation.</p> <p>LESS than desired sedation effect: INCREASE rate by 5 mcg/kg/min.</p> <p>Reassess sedation within 10 minutes.</p> <p>DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.</p> <p>GREATER than desired sedation effect: DECREASE rate 5 mcg/kg/min and reassess sedation within 15 minutes.</p> <p>If patient requiring GREATER than: 50 mcg/kg/min, Contact MD to re-evaluate sedation therapy</p>
<input type="checkbox"/> dexMEDEtomidine (PREcedex) infusion	<p>0.1-1.5 mcg/kg/hr, intravenous, continuous</p> <p>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.</p> <p>LESS than desired sedation effect: INCREASE rate by 0.1 mcg/kg/hour. Reassess RASS within 1 hours.</p> <p>DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours</p> <p>GREATER than desired sedation effect: DECREASE rate by 0.1 mcg/kg/hour. Reassess RASS within one hour.</p> <p>If patient requiring GREATER than: 1.5 mcg/kg/hr, Contact MD to re-evaluate sedation therapy</p>
<input type="checkbox"/> lorazepam (ATIVAN) or midazolam (VERSED) infusion - NOT HMW (Single Response)	
<input type="checkbox"/> lorazepam (ATIVAN) 60 mg/30 mL infusion	<p>Loading Dose (optional): Not Ordered
Nursing Bolus Dose: 0.5 mg
Continuous Dose: Not Ordered intravenous, continuous</p> <p>If LESS than desired sedation effect: administer ordered BOLUS dose IVOnce and increase rate by 0.25 milligram/hour then reassess sedation inone hour.If DESIRED sedation effect: Continue the same rate.</p> <p>Reassess sedationwithin 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-evaluate sedation therapy.</p> <p>Indication(s): Sedation</p>
<input type="checkbox"/> midazolam (VERSED) 60 mg/30 mL infusion	<p>intravenous, continuous</p> <p>If LESS than desired sedation effect: administer ordered BOLUS dose IVOnce and increase rate by 0.25 milligram/hour then reassess sedation inone hour.If DESIRED sedation effect: Continue the same rate.</p> <p>Reassess sedationwithin 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-evaluate sedation therapy.</p> <p>Indication(s): Sedation</p>
<input type="checkbox"/> lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMWB Only (Single Response)	

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

() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion	<p>intravenous, continuous</p> <p>**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.**</p> <p>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.</p> <p>If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.</p> <p>If GREATER than desired sedation effect: Decrease rate by 25 micrograms/hour and reassess sedation within one hour.</p> <p>If patient requires GREATER than 200 micrograms/hour fentanyl, contact MD to re-evaluate sedation therapy.</p>
() hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% infusion	<p>intravenous, continuous</p> <p>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.</p> <p>If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.</p> <p>If GREATER than desired sedation effect: Decrease rate by 0.5 milligrams/hour and reassess sedation within one hour.</p> <p>If patient requires GREATER than 2 milligrams/hour hydromorphone, contact MD to re-evaluate sedation therapy.</p>

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

() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion	<p>intravenous, continuous</p> <p>**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.**</p> <p>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.</p> <p>If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.</p> <p>If GREATER than desired sedation effect: Decrease rate by 25 micrograms/hour and reassess sedation within one hour.</p> <p>If patient requires GREATER than 200 micrograms/hour fentanyl, contact MD to re-evaluate sedation therapy.</p>
() hydromorPHONE (DILAUDID) 15 mg/30 mL infusion	<p>intravenous, continuous</p> <p>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.</p> <p>If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.</p> <p>If GREATER than desired sedation effect: Decrease rate by 0.5 milligrams/hour and reassess sedation within one hour.</p> <p>If patient requires GREATER than 2 milligrams/hour hydromorphone, contact MD to re-evaluate sedation therapy.</p>

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
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<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?
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Stress Ulcer Prophylaxis (Single Response)

<input type="checkbox"/> famotidine (PEPCID) IV or ORAL	"Or" Linked Panel
<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	"Or" Linked Panel
<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 (ZOFTRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
<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 (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.

Antiemetics

<input type="checkbox"/> ondansetron (ZOFTRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<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 (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.

Antiemetics

<input type="checkbox"/> ondansetron (ZOFTRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel

[] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Constipation (Single Response)

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

Eye Care

[] artificial tears ointment	Both Eyes, every 4 hours PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)
[] 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

"Or" Linked Panel

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

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

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

"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

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)
() 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	
[] 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)	
() 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
() 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
() 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
[] 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)	
() 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
() 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
() 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
[] 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)	
() HYDROmorphine (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
() 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.
[] 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)	
() 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.
() 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.
() HYDROmorphine (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
() 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.
[] 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)	
() 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

() 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
() HYDROmorphine (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)

() 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
() 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
() HYDROmorphine (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

[] ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
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Respiratory Inhalers

[] albuterol (PROAIR HFA) inhaler	2 puff, inhalation, every 4 hours PRN, wheezing MDI with spacer only
[] 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

[X] 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.
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VTE

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

URL: "\appt1.pdf"

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

Low Risk Definition

Age less than 60 years and NO other VTE risk 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)

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

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)

40 mg, subcutaneous, daily at 1700, Starting S

() enoxaparin (LOVENOX) syringe

30 mg, subcutaneous, daily at 1700, Starting S

() patients with CrCl LESS than 30 mL/min

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:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

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

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

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

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

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

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

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

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

() enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600, Starting S+1

() patients with CrCl LESS than 30 mL/min 30 mg, subcutaneous, daily at 0600, Starting S+1
For Patients with CrCl LESS than 30 mL/min

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

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

<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)	
() Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	"And" Linked Panel
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
() patients with CrCl LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCl LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

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

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

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

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

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

<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	

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

<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.

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

DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk factors	

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

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)

[] Moderate risk of VTE	Routine, Once
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[] 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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE

Routine, Once

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

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

Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

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

() 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:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous

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
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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.

[] Consult Infectious Diseases for moderate to severe COVID-19 patient	Reason for Consult? Management of COVID-19 positive patient Patient/clinical information communicated?
[] 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?
[] Consult Pulmonary/Crit Care for respiratory insufficiency	Reason for Consult? Management of COVID-19 positive patient with respiratory insufficiency Patient/clinical information communicated?
[] Consult Nephrology/Hyperten	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?

Ancillary Consults

Ancillary Consults

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