Acute Renal Failure Admission [598]

] Acidosis	Details
Acute Post-Hemorrhagic Anemia	Details
Acute Renal Failure	Details
Acute Respiratory Failure	Details
Acute Thromboembolism of Deep Veins of Lower	Details
Extremities	Details
[] Anemia	Details
[] Bacteremia	Details
Bipolar disorder, unspecified	Details
Cardiac Arrest	Details
[] Cardiac Dysrhythmia	Details
Cardiogenic Shock	Details
Decubitus Ulcer	Details
Dementia in Conditions Classified Elsewhere	Details
Disorder of Liver	Details
Disorder	Details
[] Intestinal Infection due to Clostridium Difficile	Details
Methicillin Resistant Staphylococcus Aureus Infection	Details
Obstructive Chronic Bronchitis with Exacerbation	Details
Other Alteration of Consciousness	Details
Other and Unspecified Coagulation Defects	Details
Other Pulmonary Embolism and Infarction	Details
Phlebitis and Thrombophlebitis	Details
Protein-calorie Malnutrition	Details
Psychosis, unspecified psychosis type	Details
Schizophrenia Disorder	Details
Sepsis	Details
Septic Shock	Details
] Septicemia	Details
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selection	n Required)
() Admit to Inpatient	Diagnosis:
	Admitting Physician: Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgmen
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
•	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
•	Admitting Physician:
	Bed request comments:

() Admit to Inpatient	Diagnosis: Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital services for two or more midnights.
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
oupor violen	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:
Admission (Single Response) Patient has active status order on file.	
() Admit to inpatient	Diagnosis:
(, , , , , , , , , , , , , , , , , , ,	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
Code Status	
[] Full code	Code Status decision reached by:
[] DNR (Selection Required)	
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order?
	Name of referring provider:
I.1. Consult to Casial Wark	Enter call back number:
[] Consult to Social Work [] Modified Code	Reason for Consult: Does patient have decision-making capacity?
[] Modified Code	Modified Code restrictions:
Treatment Restrictions	Treatment Restriction decision reached by:
[]	Specify Treatment Restrictions:
Isolation	
Airborne isolation status	
Alborne isolation status [] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you	Once, Sputum
suspect Tuberculosis, please order this test	Ones, opulari
for rapid diagnostics.	
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
Seizure precautions	Increased observation level needed:
[1]	

Telemetry Order [] Telemetry "And" Linked Panel [] Telemetry monitoring Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Chest pain syndrome Can be off of Telemetry for tests and baths? Yes Routine. Continuous Telemetry Additional Setup Information High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 **Vital Signs** Vital Signs Routine, Every 4 hours Orthostatic blood pressure Routine, Once BP lying, sitting, standing (check for orthostatic hypotension) Routine, Every 4 hours Pulse oximetry Current FIO2 or Room Air: Nursing [] Height and weight Routine, Once On admission Daily weights Routine, Daily Strict intake and output Routine, Every shift [] Insert and maintain Foley [] Insert Foley catheter Routine, Once Type: Size: Urinometer needed: Routine, Until discontinued, Starting S Foley Catheter Care Orders: Maintain **Notify** [] Notify Physician if Potassium levels greater than 6mEq/dl Routine, Until discontinued, Starting S, Potassium levels or Bicarbonate levels less than 15 mmol/L greater than 6mEq/dl or Bicarbonate levels less than 15 [] Notify Physician for signs of fluid overload including Routine, Until discontinued, Starting S, Signs of fluid overload generalized edema, weight gain over 4 pounds in 24 including generalized edema, weight gain over 4 pounds in 24 hours, shortness of breath, or urine output less than 500 hours, shortness of breath, or urine output less than 500 milliliters in 24 hours - for possible diuretic therapy milliliters in 24 hours - for possible diuretic therapy [] Notify Physician for signs of volume depletion including Routine, Until discontinued, Starting S, Signs of volume decreased skin turgor, weight loss greater than 4 pounds depletion including decreased skin turgor, weight loss greater in 24 hours, systolic blood pressure less than 100 than 4 pounds in 24 hours, systolic blood pressure less than mmHg, or urine output less than 500 milliliters in 24 100 mmHg, or urine output less than 500 milliliters in 24 hours Notify Physician for Hypotension (SBP less than 100 Routine, Until discontinued, Starting S. Hypotension (SBP less mmHg) OR for uncontrolled substantial hypertension than 100 mmHg) OR for uncontrolled substantial hypertension (SBP greater than or equal to 180 mmHg, DBP greater (SBP greater than or equal to 180 mmHg, DBP greater than or than or equal to 110 mmHg) equal to 110 mmHg)

Diet

Nursing

[] Diet - Renal	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K)
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet - Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
T. D	Foods to Avoid:
[] Diet	Diet effective now, Starting S
	Diet(s):
	Other Options: Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:
IV	
Peripheral IV Access	
[X] Initiate and maintain IV	
	e, Once
	, intravenous, every 12 hours scheduled
[] sodium chloride 0.9 % flush 10 mL 10 mL,	, intravenous, PRN, line care
IV Bolus (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
Maintanana IV Elai la (Oianla Banana)	
Maintenance IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous
() dextrose 5 % and sodium chloride 0.45 % with	75 mL/hr, intravenous, continuous
potassium chloride 20 mEq/L infusion () sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % 1,000 mL with sodium	75 mL/hr, intravenous, continuous
bicarbonate 75 mEq/L infusion	73 mL/m, indaverious, continuous
·	
Consult	
Pharmacy Consults	
[X] Pharmacy consult to manage dose adjustments for renal	STAT, Until discontinued, Starting S For Until specified
function	Adjust dose for:
Medications	
Phosphate Binders	
[] calcium acetate (PHOSLO) capsule	1,334 mg, oral, 3 times daily with meals
[] sevelamer (RENVELA) tablet	800 mg, oral, 3 times daily with meals
Li Tarana (Harris and Harris and	g,, daily man mode
Fluid Overload	
[] One time dose - furosemide (LASIX) injection	intravenous, once, For 1 Doses

[] Scheduled Doses - furosemide (LASIX) injection	intravenous, daily
If acidosis is present,	
[] sodium bicarbonate 50 mEq/ 50 mL IV syringe	50 mEq, intravenous, for 5 Minutes, once, For 1 Doses
[] sodium bicarbonate 50 mEq/ 50 mL IVPB	50 mEq, intravenous, for 15 Minutes, once, For 1 Doses
[] sodium bicarbonate 75 mEq in 1/2NS 1000 mL	100 mL/hr, intravenous, continuous
[] sodium bicarbonate 150 mEq in sterile water 1,000 r	mL 100 mL/hr, intravenous, continuous
VTE	
DVT Risk and Prophylaxis Tool (Single Response) (S	Selection Required) URL: "\appt1.pdf"
() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() LOW Risk of DVT (Selection Required)	ı,
Low Risk Definition Age less than 60 years and NO other VTE risk facto	ors
[] Low Risk (Single Response) (Selection Required)	
	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
() MODERATE Risk of DVT - Surgical (Selection Requ	· · · · · · · · · · · · · · · · · · ·
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamma	chanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous eg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	
	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Sur Patient (Single Response) (Selection Required)	rgical
() Contraindications exist for pharmacologic prophy BUT order Sequential compression device	ylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prophy AND mechanical prophylaxis	ylaxis "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 Respondent (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	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
	CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
()	patients weight 140 kg or GREATER AND 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
()		
()	,	Indication:
()	Pharmacy consult to manage warfarin	Indication: STAT, Until discontinued, Starting S

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

[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
propriylaxis	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Responsation (Selection Required)	onse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this 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)	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	gical Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Recognition (Selection Required)	sponse)
() 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Sele	ection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Requi	ired)

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S	
Patient (Single Response) (Selection Required	·
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S
,	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours

() heparin (porcine) injection (Recommended 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) (Sele- Required) 	ction
() 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

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
 High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Responsible (Selection Required) 	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
GREATER and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
1) heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
(for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
_	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
(, , , , , , , , , , , , , , , , , , , ,	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
	knee arthroplasty planned during this	To be Given on Post Op Day 1.
_	admission	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
		Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
,	(COUMADIN)	Indication:
[]	Mechanical Prophylaxis (Single Response) (Sele	ection
.,	Required)	
(Routine, Once
'	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
<u></u>		Routine, Continuous
(,	Noutine, Continuous
	device continuous	
D\/T	Diele en d Deenkederie Teel (Cinele Deenenee)	(Colordian Banninal)
ועט	Risk and Prophylaxis Tool (Single Response) (
		URL: "\appt1.pdf"
() P	atient currently has an active order for therapeutic	Routine, Once
	nticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is
<u>.</u>	inicoagaiani or v i = propri) iazio	already on therapeutic anticoagulation for other indication.
		Therapy for the following:
/ \ I	OW Risk of DVT (Selection Required)	Therapy for the following.
• •		
	ow Risk Definition	
А	ge less than 60 years and NO other VTE risk factor	ors
_ F 1		
L T	Low Risk (Single Response) (Selection Required	
(· · · · · · · · · · · · · · · · · · ·	Routine, Once
(
(Routine, Once
		Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() N) Low risk of VTE 10DERATE Risk of DVT - Surgical (Selection Req	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() M) Low risk of VTE MODERATE Risk of DVT - Surgical (Selection Req Moderate Risk Definition	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired)
() M M P) Low risk of VTE MODERATE Risk of DVT - Surgical (Selection Require Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Me	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() M N P) Low risk of VTE MODERATE Risk of DVT - Surgical (Selection Requestro) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mean ontraindicated.	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired)
() M M P C) Low risk of VTE MODERATE Risk of DVT - Surgical (Selection Require Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Me ontraindicated. One or more of the following medical conditions:	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is
() M M P C	ODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Methorizated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatical conditions.	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
() M M P C C	MODERATE Risk of DVT - Surgical (Selection Requience Risk Definition Pharmacologic prophylaxis must be addressed. Metantraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, I	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is
() M P C C C C S	MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatroke, rheumatologic disease, sickle cell disease, luge 60 and above	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
() M P C C C S	MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoroke, rheumatologic disease, sickle cell disease, luge 60 and above Central line	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
() M P CC C Si A	MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoroke, rheumatologic disease, sickle cell disease, luge 60 and above Central line listory of DVT or family history of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() M P C C S S A C H A	MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoroke, rheumatologic disease, sickle cell disease, lage 60 and above Central line listory of DVT or family history of VTE unticipated length of stay GREATER than 48 hours	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() M P C C S A C H A L	MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, lege 60 and above Central line listory of DVT or family history of VTE unticipated length of stay GREATER than 48 hoursess than fully and independently ambulatory	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() M P C C S A C H A L E	MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, lage 60 and above Central line listory of DVT or family history of VTE anticipated length of stay GREATER than 48 hours less than fully and independently ambulatory istrogen therapy	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() MPCCCSSACCHALEM	MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatroke, rheumatologic disease, sickle cell disease, lage 60 and above Central line listory of DVT or family history of VTE anticipated length of stay GREATER than 48 hours less than fully and independently ambulatory strogen therapy	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() MPCCCSSACCHALEM	MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, lage 60 and above Central line listory of DVT or family history of VTE anticipated length of stay GREATER than 48 hours less than fully and independently ambulatory istrogen therapy	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() MPCCCSSACCHALEM	MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatroke, rheumatologic disease, sickle cell disease, lage 60 and above Central line listory of DVT or family history of VTE anticipated length of stay GREATER than 48 hours less than fully and independently ambulatory strogen therapy	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() MPCCCSSACCHALEM	MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatroke, rheumatologic disease, sickle cell disease, lage 60 and above Central line listory of DVT or family history of VTE anticipated length of stay GREATER than 48 hours less than fully and independently ambulatory strogen therapy	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() M P CC Si A C H A L E M	MODERATE Risk of DVT - Surgical (Selection Required Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoroke, rheumatologic disease, sickle cell disease, lage 60 and above Central line listory of DVT or family history of VTE anticipated length of stay GREATER than 48 hours less than fully and independently ambulatory strogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() MPCCCSSACCHALEM	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammators, rheumatologic disease, sickle cell disease, lage 60 and above Central line Listory of DVT or family history of VTE Conticipated length of stay GREATER than 48 hours ess than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required)	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() M P C C S A C H A L E M	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoroke, rheumatologic disease, sickle cell disease, lege 60 and above Central line Distory of DVT or family history of VTE Unitcipated length of stay GREATER than 48 hours ess 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 Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once
() M P CC Si A C H A L E M	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatroke, rheumatologic disease, sickle cell disease, lege 60 and above Pentral line Ristory of DVT or family history of VTE Inticipated length of stay GREATER than 48 hours Ress than fully and independently ambulatory Ristorgen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - States	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once
() M P CC C Si A C H A L E N	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoroke, rheumatologic disease, sickle cell disease, luge 60 and above Central line Listory of DVT or family history of VTE Linticipated length of stay GREATER than 48 hours ess than fully and independently ambulatory istrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Surpatient (Single Response) (Selection Required)	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once urgical
() M P C C S A C H A L E M	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoroke, rheumatologic disease, sickle cell disease, luge 60 and above Central line Listory of DVT or family history of VTE Linticipated length of stay GREATER than 48 hoursess than fully and independently ambulatory strogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Supatient (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis.	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once urgical
() M P C C C S A C H A L E M M	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoroke, rheumatologic disease, sickle cell disease, lage 60 and above Central line Listory of DVT or family history of VTE Linticipated 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 Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic proph BUT order Sequential compression device	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once urgical mylaxis "And" Linked Panel
() M P C C C S A C H A L E M M	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammators, respectively. The material service in the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammators, respectively. The material service in the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammators, respectively. The material disease, leading to the following medical following medical following to the following medical conditions exist for pharmacologic prophesion device following medical following medical following medical conditions exist for pharmacologic prophesion following medical following m	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once urgical Routine, Once Routine, Once
() M P CC C Si A C H A L E M M	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoroke, rheumatologic disease, sickle cell disease, lage 60 and above Central line Listory of DVT or family history of VTE Linticipated 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 Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic proph BUT order Sequential compression device	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once urgical Routine, Once No pharmacologic VTE prophylaxis due to the following
() M P C C C S A C H A L E M M	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammators, respectively. The material service in the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammators, respectively. The material service in the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammators, respectively. The material disease, leading to the following medical following medical following to the following medical conditions exist for pharmacologic prophesion device following medical following medical following medical conditions exist for pharmacologic prophesion following medical following m	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once urgical nylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() M P CC C Si A C H A L E M M	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammators, respectively. The material service in the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammators, respectively. The material service in the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammators, respectively. The material disease, leading to the following medical following medical following to the following medical conditions exist for pharmacologic prophesion device following medical following medical following medical conditions exist for pharmacologic prophesion following medical following m	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once urgical Routine, Once No pharmacologic VTE prophylaxis due to the following
() M P C C C S A C H A L E M	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Metontraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatoroke, rheumatologic disease, sickle cell disease, lege 60 and above Pentral line Ristory of DVT or family history of VTE Inticipated length of stay GREATER than 48 hours Ress than fully and independently ambulatory Ristrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - State Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis Torontraindications exist for pharmacologic prophylaxis	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once urgical nylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

 Contraindications exist for pharmacologic pro AND mechanical prophylaxis 	ophylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
() 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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() 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) (Son 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 (Selecti Required)	on
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE	Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	ırs
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 prop Order Sequential compression device 	ohylaxis - "And" Linked Panel	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
[] Place/Maintain sequential compression device continuous	Routine, Continuous	
Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1	
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min	
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	
() patients weight 140 kg or GREATER AND 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours	
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.	
() warfarin (COUMADIN) tablet	oral, daily at 1700	
	Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
) HIGH Risk of DVT - Surgical (Selection Required)		
Address both pharmacologic and mechanical prop	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.	
[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Surgion (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 Resp (Selection Required)	ponse)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1	
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min	
() patients weight between 100-139 kg AND 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
(A) =1	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
HIGH Risk of DVT - Non-Surgical (Selection Requ	ired)
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Non-S	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (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	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	
CICI GREATER (Hall 30 HIL/IIIII	For Patients weight between 100-139 kg and CrCl GREATER than 30
()('('.) (440) ODEATED AND	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, every 12 hours at 0900, 2100
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() hengrin (norcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection	·
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	
Required)	
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] The state of th	1.000

[] High Risk Pharmacological Prophylaxis - Hip or I (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	onse)
() 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:
OVT 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 factor	ors
[] Low Risk (Single Response) (Selection Required () Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
Low Risk (Single Response) (Selection Required	ਹੈ) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will end early ambulation

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 - S	
Patient (Single Response) (Selection Required	·
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic propand AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() anavararia (LOV/ENOV) injection (Cinale Dec	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (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	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND 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.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:

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

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) 	ation
() Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic propagation (AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
() 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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
\ UICH Disk of D\/T Cursical (Calcation Dequired)	

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgion	
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() (10)(5)(0)(1)(1)(1)(1)	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
() 1, ? . (Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmany consult to manage werfering	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

Required)

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

High Risk (Selection Required) High risk of VTE I High risk of VTE	Routine, Once
	·
 High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
1 -1 7	contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, daily at 0600, Starting S+1
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or	Starting S+1
GREATER and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
() hangin (namina) inication	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
knee arthroplasty planned during this admission	To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)

() Place/Maintain sequential compression device continuous	Routine, Continuous
Labs	
Hematology/Coagulation	
[] CBC and differential	Once
Chemistry	
[] Albumin	Once
Basic metabolic panel	Once
Blood gas, arterial	STAT For 1 Occurrences
[] Calcium, ionized	Once
[] CK	Once
[] Comprehensive metabolic panel	Once
[] Creatinine (Serum)	Once
[] Hemoglobin A1c	Once
[] Hepatic function panel	Once
Lactate dehydrogenase	Once
[] Magnesium	Once
[] Osmolality, serum	Once
[] Phosphorus	Once
[] PTH, intact	Once
[] Uric acid	Once
Urine	
[] Creatinine clearance, urine, 24 hour	Once
[] Creatinine, urine, random	Once
[] Chloride, urine, random	Once
[] Osmolality, urine	Once
[] Protein, urine, 24 hour	Once
[] Protein, urine, random	Once
[] Potassium, urine, random	Once
[] Sodium, urine, random	Once
[] Urinalysis screen and microscopy, with reflex to c	Specimen Source: Urine Specimen Site:
[] Urine eosinophils	Once
Microbiology	
Blood culture x 2	"And" Linked Panel
Blood Culture (Aerobic & Anaerobic)	Once, Blood
[] blood culture (Aerobic & Alfaerobic)	Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
Today X 3 Days	
[] CBC and differential	Daily, Starting S For 3 Occurrences
[] Basic metabolic panel	Daily, Starting S For 3 Occurrences
[] BUN	Daily, Starting S For 3 Occurrences
[] Creatinine level	Daily, Starting S For 3 Occurrences
[] Phosphorus	Daily, Starting S For 3 Occurrences

•	
Cardiology	
[] ECG 12 lead	Routine, Once Clinical Indications: Other: See Comments Interpreting Physician: For acute renal failure
[] Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging
Imaging	
Ultrasound	
[] US Renal	Routine, 1 time imaging For 1
[] US Renal Doppler	Routine, 1 time imaging For 1
X-Ray	
[] Chest 2 Vw	Routine, 1 time imaging For 1
[] XR Abdomen 1 Vw	Routine, 1 time imaging For 1
СТ	
[] CT Renal Stone Protocol	Routine, 1 time imaging For 1
Other Diagnostic Studies	
Respiratory	
Respiratory	
[] Oxygen therapy - NC 2 Lpm	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Hypoxemia Device 2: Device 3: Indications for O2 therapy:
Rehab	
Consults	
Ancillary Consults	
Onsult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:
[] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable
	Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult PT wound care	Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions:
	Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:

] Consult to Speech Language Pathology	Routine, Once Reason for consult:
[] Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:
[] Consult to Respiratory Therapy	Reason for Consult?