

General

Common Present on Admission Diagnosis

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

Admission or Observation (Single Response) (Selection Required)

<input type="radio"/> 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.
<input type="radio"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
<input type="radio"/> Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:

Admission or Observation (Single Response)

Patient has active status order on file

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

Outpatient observation services under general supervision
 Diagnosis:
 Admitting Physician:
 Patient Condition:
 Bed request comments:

Outpatient in a bed - extended recovery
 Diagnosis:
 Admitting Physician:
 Bed request comments:

Admission (Single Response)

Patient has active status order on file.

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

Code Status

Full code
 Code Status decision reached by:

DNR (Selection Required)

DNR (Do Not Resuscitate) Does patient have decision-making capacity?

Consult to Palliative Care Service
 Priority:
 Reason for Consult?
 Order?
 Name of referring provider:
 Enter call back number:

Consult to Social Work
 Reason for Consult:

Modified Code
 Does patient have decision-making capacity?
 Modified Code restrictions:

Treatment Restrictions
 Treatment Restriction decision reached by:
 Specify Treatment Restrictions:

Airborne isolation status

Airborne isolation status Details

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Once, Sputum

Contact isolation status Details

Droplet isolation status Details

Enteric isolation status Details

Isolation

Airborne isolation status

Airborne isolation status Details

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Once, Sputum

Contact isolation status Details

Droplet isolation status Details

Enteric isolation status Details

Contact isolation status Details

Droplet isolation status Details

Enteric isolation status Details

Contact isolation status Details

Droplet isolation status Details

Enteric isolation status Details

Contact isolation status Details

Droplet isolation status Details

Enteric isolation status Details

Nursing

Telemetry Order

	"And" Linked Panel
<input type="checkbox"/> Telemetry	
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Chest pain syndrome Can be off of Telemetry for tests and baths? Yes
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94

Vital Signs

<input type="checkbox"/> Vital Signs	Routine, Every 4 hours
<input type="checkbox"/> Orthostatic blood pressure	Routine, Once BP lying, sitting, standing (check for orthostatic hypotension)
<input type="checkbox"/> Pulse oximetry	Routine, Every 4 hours Current FIO2 or Room Air:

Nursing

<input type="checkbox"/> Height and weight	Routine, Once On admission
<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Strict intake and output	Routine, Every shift
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain

Notify

<input type="checkbox"/> Notify Physician if Potassium levels greater than 6mEq/dl or Bicarbonate levels less than 15 mmol/L	Routine, Until discontinued, Starting S, Potassium levels greater than 6mEq/dl or Bicarbonate levels less than 15 mmol/L
<input type="checkbox"/> Notify Physician for signs of fluid overload including generalized edema, weight gain over 4 pounds in 24 hours, shortness of breath, or urine output less than 500 milliliters in 24 hours - for possible diuretic therapy	Routine, Until discontinued, Starting S, Signs of fluid overload including generalized edema, weight gain over 4 pounds in 24 hours, shortness of breath, or urine output less than 500 milliliters in 24 hours - for possible diuretic therapy
<input type="checkbox"/> Notify Physician for signs of volume depletion including decreased skin turgor, weight loss greater than 4 pounds in 24 hours, systolic blood pressure less than 100 mmHg, or urine output less than 500 milliliters in 24 hours	Routine, Until discontinued, Starting S, Signs of volume depletion including decreased skin turgor, weight loss greater than 4 pounds in 24 hours, systolic blood pressure less than 100 mmHg, or urine output less than 500 milliliters in 24 hours
<input type="checkbox"/> Notify Physician for Hypotension (SBP less than 100 mmHg) OR for uncontrolled substantial hypertension (SBP greater than or equal to 180 mmHg, DBP greater than or equal to 110 mmHg)	Routine, Until discontinued, Starting S, Hypotension (SBP less than 100 mmHg) OR for uncontrolled substantial hypertension (SBP greater than or equal to 180 mmHg, DBP greater than or equal to 110 mmHg)

Diet

<input type="checkbox"/> 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:
<input type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:

IV

Peripheral IV Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input type="checkbox"/> Insert peripheral IV	Routine, Once
<input type="checkbox"/> sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, every 12 hours scheduled
<input type="checkbox"/> sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, PRN, line care

IV Bolus (Single Response)

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

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> lactated Ringer's infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous

Consult

Pharmacy Consults

<input checked="" type="checkbox"/> Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S For Until specified Adjust dose for:
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Medications

Phosphate Binders

<input type="checkbox"/> calcium acetate (PHOSLO) capsule	1,334 mg, oral, 3 times daily with meals
<input type="checkbox"/> sevelamer (REVELA) tablet	800 mg, oral, 3 times daily with meals

Fluid Overload

<input type="checkbox"/> One time dose - furosemide (LASIX) injection	intravenous, once, For 1 Doses
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Scheduled Doses - furosemide (LASIX) injection intravenous, daily

If acidosis is present,

<input type="checkbox"/> sodium bicarbonate 50 mEq/ 50 mL IV syringe	50 mEq, intravenous, for 5 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium bicarbonate 50 mEq/ 50 mL IVPB	50 mEq, intravenous, for 15 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium bicarbonate 75 mEq in 1/2NS 1000 mL	100 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium bicarbonate 150 mEq in sterile water 1,000 mL	100 mL/hr, intravenous, continuous

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)

Moderate risk of VTE Routine, Once

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

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

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

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

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

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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

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

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

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

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

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

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

() 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):

<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

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

URL: "\appt1.pdf"

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

Low Risk (Single Response) (Selection Required)

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

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

Moderate Risk (Selection Required)

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

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

- | | |
|---|--|
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1 |
| <input type="checkbox"/> patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600, Starting S+1
For Patients with CrCL LESS than 30 mL/min |
| <input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| <input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |

- fondaparinux (ARIXTRA) injection
- 2.5 mg, subcutaneous, daily, Starting S+1
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

- | | |
|--|--|
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| <input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1
Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S
Indication: |

Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

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

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

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

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

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

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

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

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700, Starting S+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.

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

<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> 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)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> 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

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

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

DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

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

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

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

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

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

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

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

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

patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1
Indication:

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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)

[] Moderate risk of VTE Routine, Once

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

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

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

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

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

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

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

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

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

() patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 1700, Starting S
For Patients with CrCL LESS than 30 mL/min

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

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

() fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

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

patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 1700, Starting S
For Patients with CrCL LESS than 30 mL/min

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

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

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

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

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

Mechanical Prophylaxis (Single Response) (Selection Required)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

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 culture Once
Specimen Source: Urine
Specimen Site:
 Urine eosinophils Once

Microbiology

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

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

Cardiology

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Other: See Comments Interpreting Physician: For acute renal failure
<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging

Imaging

Ultrasound

<input type="checkbox"/> US Renal	Routine, 1 time imaging For 1
<input type="checkbox"/> US Renal Doppler	Routine, 1 time imaging For 1

X-Ray

<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging For 1
<input type="checkbox"/> XR Abdomen 1 Vw	Routine, 1 time imaging For 1

CT

<input type="checkbox"/> CT Renal Stone Protocol	Routine, 1 time imaging For 1
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Other Diagnostic Studies

Respiratory

Respiratory

<input type="checkbox"/> 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:
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Rehab

Consults

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?

<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?