COVID-19 ICU admission [4430]

General

Present on Admission (Single Response) (Selection Required)

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

Admission (Single Response)

Patient has active status order on file.

( ) Admit to inpatient	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:
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:

[ ] DNR (Selection Required)

[ ] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
	if (answer = Yes)
	Is the patient's death imminent?
	if (answer = Yes)
	Code Status decision reached by:
	if (answer = Physician per criteria)
	I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient’s medical record.
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	Is DNR/Modified Code medically appropriate?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	Is Patient imminently dying, regardless of provision of CPR?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	if (answer = No)
	Code Status decision reached by:
	if (answer = Legal Surrogate)
	Name of Surrogate:

	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:
	if (answer = Patient by means of Oral Directive)
	Witness 1 Name:
	Witness 2 Name:
	if (answer = No)
	Is the patient's death imminent?
	if (answer = Yes)
	Code Status decision reached by:
	if (answer = Physician per criteria)
	I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient’s medical record.
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	Is DNR/Modified Code medically appropriate?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	Is Patient imminently dying, regardless of provision of CPR?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:
	if (answer = No)
	Code Status decision reached by:
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:

[ ] Consult to Palliative Care Service	Priority: Reason for Consult? if (answer = Other) Specify: Order? Name of referring provider: Enter call back number:
[ ] Consult to Social Work	Reason for Consult: if (answer = Other Specify) Specify:

[ ] Modified Code

Does patient have decision-making capacity?
if (answer = Yes)
Is the patient's death imminent?
if (answer = Yes)
Code Status decision reached by:
if (answer = Physician per criteria)
I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient’s medical record.
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code medically appropriate?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is Patient imminently dying, regardless of provision of CPR?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
if (answer = No)
Code Status decision reached by:
if (answer = Legal Surrogate)
Name of Surrogate:
Surrogate Relation:
if (answer = 6. Primary Physician with Concurring Physician)
A Biomedical Ethics Consult is recommended.
I will consult with a second physician, listed below, to co-sign this order.
if (answer = 5. Nearest living relative (specify))
Nearest living relative:
if (answer = Patient by means of Oral Directive)
Witness 1 Name:
Witness 2 Name:
if (answer = No)
Is the patient's death imminent?
if (answer = Yes)
Code Status decision reached by:
if (answer = Physician per criteria)
I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient’s medical record.
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code medically appropriate?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is Patient imminently dying, regardless of provision

	of CPR?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:
	if (answer = No)
	Code Status decision reached by:
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:
	Modified Code restrictions:

[ ] Treatment Restrictions	Treatment Restriction decision reached by:
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:
	Specify Treatment Restrictions:
	if (answer = Other Treatment Restrictions)
	Specify Other Treatment Restrictions:

COVID-19 ISOLATION NOT REQ

ACUTE CARE PATIENT WITH NO AEROSOL GENERATING PROCEDURES PATIENT WITH INTERMITTENT AEROSOL GENERATING TREATMENT/PROCEDURES CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL GENERATING TREATMENT/PROCEDURES

Precautions Standard + Droplet + Contact + Eye Protection Standard + Modified Droplet + Contact + Eye Protection Standard + Airborne + Contact + Eye Protection

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

COVID-19 ISOLATION REQ (Selection Required)

ACUTE CARE PATIENT WITH NO AEROSOL GENERATING PROCEDURES PATIENT WITH INTERMITTENT AEROSOL GENERATING TREATMENT/PROCEDURES CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL GENERATING TREATMENT/PROCEDURES

Precautions Standard + Droplet + Contact + Eye Protection Standard + Modified Droplet + Contact + Eye Protection Standard + Airborne + Contact + Eye Protection

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

Precautions

[ ]	Aspiration precautions	Details
[ ]	Fall precautions	Increased observation level needed: if (answer = Yes) Level: For: Time:
[ ]	Latex precautions	Details
[ ]	Seizure precautions	Increased observation level needed: if (answer = Yes) Level: For: Time:

Nursing

Vital Signs (Selection Required)

Vital signs with link to algorithm of Stepwise management of Hypoxemia

[X]	Vital signs - T/P/R/BP	Routine, Per unit protocol For Until specified
[X]	Pulse oximetry continuous	Routine, Continuous For Until specified Current FIO2 or Room Air:

Nursing Care

[X]	Strict intake and output for a target of 24 hour NET EVEN balance	Routine, Every hour
[X]	Limit repeated entry to room	Routine, Until discontinued, Starting today For Until specified Batch all care and work with pharmacy and providers to limit repeated entry to patient care room.
[X]	Oral care for intubated patients	Routine, Every 4 hours For intubated patients
[X]	Oral care for non intubated patients	Routine, Every shift For non intubated patients
[ ]	Hemodynamic Monitoring	Routine, Continuous Measure: if (answer = Other) Other:
[ ]	Measure central venous pressure	Routine, Every 4 hours

[ ]	Telemetry	**"And" Linked Panel**

[ ]	Telemetry monitoring	Routine, Continuous
		Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
		Reason for telemetry:
		if (answer = Other)
		Other:
		Can be off of Telemetry for tests and baths? Yes
		if (answer = No)
		Reason?

[ ]	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
[ ]	Foley-NOT Recommended if patient able to void	
[ ]	Insert Foley catheter	Routine, Once Type: Temperature Sensing Size: Urinometer needed:
[ ]	Foley Catheter Care	Routine, Until discontinued, Starting today Orders: Maintain
[ ]	Neurological assessment	Routine, Every shift Assessment to Perform: if (answer = Spinal exams) Perform: Area:
[ ]	Peripheral vascular assessment	Routine, Every 6 hours
[ ]	Elevate HOB	Routine, Until discontinued, Starting today Head of bed: 30 degrees if (answer = other degrees (specify)) Specify:
[ ]	Daily weights	Routine, Daily

Activity (Selection Required)

[X]	Strict bed rest	Routine, Until discontinued, Starting today
[ ]	Bed rest with bathroom privileges	Routine, Until discontinued, Starting today Bathroom Privileges: with bathroom privileges

[ ]	Up with assistance	Routine, Until discontinued, Starting today
		Specify: Up with assistance
		if (answer = Up in chair)
		Additional modifier:
		if (answer = Other activity (specify))
		Other:

[ ]	Activity as tolerated	Routine, Until discontinued, Starting today
		Specify: Activity as tolerated
		if (answer = Up in chair)
		Additional modifier:
		if (answer = Other activity (specify))
		Other:

COVID-19 Position Care

[ ]	ICU proning interventions	Routine, Until discontinued, Starting today
[ ]	Return patient to supine post-proning	Routine, Until discontinued, Starting today

Notify

[X] Notify Physician for vitals:	Routine, Until discontinued, Starting today Temperature greater than: Temperature less than: Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: MAP less than: 65 Heart rate greater than (BPM): 120 Heart rate less than (BPM): 60 Respiratory rate greater than: Respiratory rate less than: SpO2 less than: 92
[X] Notify Physician for any acute changes in patient conditions (mental status, RR, O2 requirement, or other vital sign changes)	Routine, Until discontinued, Starting today For Until specified, For critical values.

Diet (Single Response)

( ) NPO	Diet effective now, Starting today NPO: Pre-Operative fasting options: if (answer = Other) Specify:
( ) NPO - except meds	Diet effective now, Starting today NPO: Except meds Pre-Operative fasting options: if (answer = Other) Specify:

( ) Diet -	Diet effective now, Starting today
	Diet(s):
	if (answer = Dysphagia)
	Solid Consistency:
	if (answer = Other Diabetic/Cal)
	Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Bariatric)
	Bariatric:
	if (answer = Cultural/Special)
	Cultural/Special:
	Other Options:
	Advance Diet as Tolerated?
	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:

( ) Tube Feeding

[ ] Tube feeding - continuous	Continuous
	Tube Feeding Formula:
	if (answer = Special Order)
	Special orders are not guaranteed, will be evaluated for appropriateness and availability. When possible, an equivalent product on formulary will be used.
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Schedule: Continuous
	if (answer = Continuous)
	Tube Feeding Route:

	Initial Tube Feed rate (mL/hr):
	Advance Rate by (mL/hr):
	if (answer = 10 mL/hr) Or (answer = 15 mL/hr) Or (answer = 20 mL/hr) Or (answer = 25 mL/hr) Or (answer = 30 mL/hr)
	Every (Specify) Hr(s):
	if (answer = Other)
	Specify:
	Goal Tube Feed Rate (mL/hr):
	if (answer = Bolus)
	Bolus Route:
	Tube Feeding Bolus (mL):
	Additional Bolus Schedule Instructions:
	if (answer = Cyclic)
	Tube Feeding Route:
	Tube Feeding Cyclic (start / stop time):
	Tube Feeding Cyclic Rate (mL/hr):
	Tube Feeding Route:
	Initial Tube Feed rate (mL/hr):
	Advance Rate by (mL/hr):
	if (answer = 10 mL/hr) Or (answer = 15 mL/hr) Or (answer = 20 mL/hr) Or (answer = 25 mL/hr) Or (answer = 30 mL/hr)
	Every (Specify) Hr(s):
	if (answer = Other)
	Specify:
	Goal Tube Feed Rate (mL/hr):
	Dietitian to manage Tube Feed?

[ ] XR Abdomen 1 Vw	Routine, 1 time imaging For 1

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

IV Fluids for COVID-19 Should be Minimized

Insert and Maintain IV / Central Line Access

[X] Insert and Maintain IV	**"And" Linked Panel**
[X] Insert peripheral IV	STAT, Once For 1 Occurrences
[X] Saline lock IV	Routine, Once For 1 Occurrences
[X] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

[ ] Consult for Venous Access	Access:
	if (answer = Other)
	Other:
	if (answer = PICC)
	Reason for PICC team:
	if (answer = PICC insertion)
	If patient does not have any contraindications AND meets criteria, ok to proceed with PICC insertion:
	Reason for PICC insertion:
	if (answer = PICC check request)
	Reason for PICC check:
	if (answer = PICC insertion) Or (answer = PICC check request)
	Transport Method:
	if (answer = Other)
	Other:
	If GFR less than 45, has nephrology been consulted?
	if (answer = Yes)
	OK to place PICC per nephrology?
	if (answer = No)
	OK to place PICC with GFR less than 60?

Bolus Fluids (Single Response)

( ) sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
( ) sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
( ) lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses

( ) lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
( ) albumin human 5 % bottle	25 g, intravenous, for 15 Minutes, once, For 1 Doses Indication: if (answer = Other) Specify:

Medications

Pharmacy Consults

[X] Pharmacy consult to change IV medications to concentrate fluids maximally	STAT, Until discontinued, Starting today
[X] Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting today Adjust dose for:

General COVID-19 Treatment

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

Screen patients for benefit of inclusion in HM COVID Investigational Protocols

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

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

( ) lopinavir-ritonavir (KALETRA) tablet	2 tablet, oral, 2 times daily
	Reason for Therapy: Viral Infection Documented
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	Indication: Other
	Specify: COVID-19
	New initiation of treatment for COVID-19 therapies are RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers.
	Are you an ID, Pulmonology or Critical Care provider?
	if (answer = I am ordering on behalf of an approved provider)
	Name of Approved Provider:
	if (answer = NO)
	HM Policy Alert:
	if (answer = Formulary policy override (pharmacist use only))
	RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:

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

Name of Approved Provider:
if (answer = NO)
HM Policy Alert:
if (answer = Formulary policy override (pharmacist use only))
RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:

Pharmacy consult for remdesivir

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

URL: "file://\appt1.pdf"
URL: "https://fparchives.com/houstonmethodist/documents/HM%20EUA%20RDV%20Criteria.pdf"

[ ] Pharmacy consult for remdesivir	Routine, Until discontinued, Starting today
	Physician contact number:
	Remdesivir prescribing is RESTRICTED to Infectious Diseases, Pulmonology and Critical Care Medicine providers. Are you an ID, Pulmonology or Critical Care provider?
	if (answer = I am ordering on behalf of an approved provider)
	Name of Approved Provider:
	Patient has a positive COVID-19 PRC result within the last 10 days:
	if (answer = No)
	RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:
	Does patient have any treatment disqualifying criteria: AST/AST GREATER than 5 times ULN, or mech. ventilation GREATER than 5 days. (safety data is lacking in these patients):
	if (answer = No)
	I understand that there may be additional limits to access based on product availability.
	if (answer = Yes)
	RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:
	I understand that there may be additional limits to access based on product availability.
	I understand that there may be additional limits to access based on product availability.
	if (answer = Yes)
	Date:
	Does patient have any treatment disqualifying criteria: AST/AST GREATER than 5 times ULN, or mech. ventilation GREATER than 5 days. (safety data is lacking in these patients):
	if (answer = No)
	I understand that there may be additional limits to access based on product availability.
	if (answer = Yes)
	RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:
	I understand that there may be additional limits to access based on product availability.
	I understand that there may be additional limits to access based on product availability.
	if (answer = NO)
	HM Policy Alert:
	if (answer = Formulary policy override (pharmacist use only))

RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:

Patient has a positive COVID-19 PRC result within the last 10 days:

if (answer = No)

RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:

Does patient have any treatment disqualifying criteria: AST/AST GREATER than 5 times ULN, or mech. ventilation GREATER than 5 days. (safety data is lacking in these patients):

if (answer = No)

I understand that there may be additional limits to access based on product availability.

if (answer = Yes)

RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:

I understand that there may be additional limits to access based on product availability.

I understand that there may be additional limits to access based on product availability.

if (answer = Yes)

Date:

Does patient have any treatment disqualifying criteria: AST/AST GREATER than 5 times ULN, or mech. ventilation GREATER than 5 days. (safety data is lacking in these patients):

if (answer = No)

I understand that there may be additional limits to access based on product availability.

if (answer = Yes)

RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:

I understand that there may be additional limits to access based on product availability.

I understand that there may be additional limits to access based on product availability.

if (answer = YES, I am an approved provider)

Patient has a positive COVID-19 PRC result within the last 10 days:

if (answer = No)

RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:

Does patient have any treatment disqualifying criteria: AST/AST GREATER than 5 times ULN, or mech. ventilation GREATER than 5 days. (safety data is lacking in these patients):

if (answer = No)

I understand that there may be additional limits to access based on product availability.

if (answer = Yes)

RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:

I understand that there may be additional limits to access based on product availability.

I understand that there may be additional limits to access based on product availability.

if (answer = Yes)

	Date:
	Does patient have any treatment disqualifying criteria: AST/AST GREATER than 5 times ULN, or mech. ventilation GREATER than 5 days. (safety data is lacking in these patients):
	if (answer = No)
	I understand that there may be additional limits to access based on product availability.
	if (answer = Yes)
	RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:
	I understand that there may be additional limits to access based on product availability.
	I understand that there may be additional limits to access based on product availability.

Immunomodulatory Agents

[ ] tocilizumab (ACTEMRA) IVPB	400 mg, intravenous, once, For 1 Doses
	RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of one?
	if (answer = I am ordering on behalf of an approved provider)
	Name of Approved Provider:
	if (answer = NO)
	HM Policy Alert:
	if (answer = Formulary policy override (pharmacist use only))
	RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:

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

Antibiotics

[ ] azithromycin (ZITHROMAX) IV	intravenous, for 60 Minutes
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

[ ] cefepime (MAXIPIME) IV	intravenous
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

[ ] cefTRIAxone (ROCEPHIN) IV	intravenous, for 30 Minutes
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

[ ] linezolid (ZYVOX) IV	intravenous, for 60 Minutes, every 12 hours
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

[ ] piperacillin-tazobactam (ZOSYN) IV	intravenous
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

[ ] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

[ ] metronidazole (FLAGYL) IV	intravenous
	Reason for Therapy:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Other)
	Specify:

[ ] vancomycin (VANCOCIN) IV (Single Response)	

( ) vancomycin (VANCOCIN) IV - for PERIPHERAL LINE USE ONLY	intravenous
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

( ) vancomycin (VANCOCIN) IV - for CENTRAL LINE USE ONLY	intravenous
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

Scheduled Antihypertensives (Single Response)

( ) labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily at 0600, 1800 Hold Parameters: Hold Parameters Requested if (answer = Hold Parameters Requested) Specify: Specify: Hold for heart rate less than 60/min or if systolic blood pressure is less than 100 mmHg. Contact Physician:

( ) labetalol (NORMODYNE)	intravenous, 2 times daily at 0600, 1800
	HOLD parameters for this order: Hold Parameters requested
	if (answer = Hold Parameters requested)
	HOLD for:
	if (answer = Other Systolic BP)
	Hold for Systolic BP LESS than (in mmHg):
	if (answer = Other Heart Rate)
	Hold for Heart Rate LESS than (in bpm):
	HOLD for: Other Systolic BP
	if (answer = Other Systolic BP)
	Hold for Systolic BP LESS than (in mmHg):
	if (answer = Other Heart Rate)
	Hold for Heart Rate LESS than (in bpm):
	HOLD for: Other Heart Rate
	if (answer = Other Heart Rate)
	Hold for Heart Rate LESS than (in bpm):
	Hold for Heart Rate LESS than (in bpm): 55
	Contact Physician if:
	Hold for Systolic BP LESS than (in mmHg): 110

( ) metoprolol tartrate (LOPRESSOR) tablet	100 mg, oral, 2 times daily at 0600, 1800 Hold Parameters: Hold Parameters Requested if (answer = Hold Parameters Requested) Specify: Specify: Hold for heart rate less than 60/min or if systolic blood pressure is less than 100 mmHg. Contact Physician:

( ) metoprolol (LOPRESSOR) injection	5 mg, intravenous
	Hold for heart rate less than 60/min or if systolic blood pressure isless than 100 mmHg.
	HOLD parameters for this order:
	if (answer = Hold Parameters requested)
	HOLD for:
	if (answer = Other Systolic BP)
	Hold for Systolic BP LESS than (in mmHg):
	if (answer = Other Heart Rate)
	Hold for Heart Rate LESS than (in bpm):
	Contact Physician if:

( ) hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours
	If systolic blood pressure is greater than ***.
	HOLD parameters for this order:
	if (answer = Hold Parameters requested)
	HOLD for:
	if (answer = Other Systolic BP)
	Hold for Systolic BP LESS than (in mmHg):
	if (answer = Other Heart Rate)
	Hold for Heart Rate LESS than (in bpm):
	Contact Physician if:

PRN Antihypertensives

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

Neuromuscular Blockage (Single Response)

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

( ) cisatracurium (NIMbex) Continuous Infusion	**"Followed by" Linked Panel**

Recommended for patients with renal or hepatic failure.

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

( ) cisatracurium (NIMbex) IV Bolus and Continuous Infusion	**"Followed by" Linked Panel**

Recommended for patients with renal or hepatic failure.

[ ] cisatracurium (NIMbex) injection	0.15 mg/kg, intravenous, once, For 1 Doses

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

( ) vecuronium (NORCURON) Continuous Infusion **"Followed by" Linked Panel**

Use caution in patients with renal or hepatic dysfunction

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

( ) vecuronium (NORCURON) IV Bolus and Continuous Infusion **"Followed by" Linked Panel**

Use caution in patients with renal or hepatic dysfunction

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

Vasoactive Drips

[ ]	DOPamine (INTROPIN) infusion	2-20 mcg/kg/min, intravenous, titrated
[ ]	DOButamine (DOBUTREX) infusion	0.5-20 mcg/kg/min, intravenous, titrated
[ ]	EPINEPHrine (ADRENALIN) in sodium chloride 0.9 % 250 mL infusion	2-30 mcg/min, intravenous, titrated
[ ]	norepinephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, titrated
[ ]	phenylephrine (NEO-SYNEPHRINE) in sodium chloride 0.9 % 250 mL infusion	5-150 mcg/min, intravenous, titrated
[ ]	vasopressin (PITRESSIN) infusion for shock (Single Response)	
	( ) Septic Shock	0.03 Units/min, intravenous, continuous Initiation of vasopressin is recommended only after target norepinephrine rate of 30 mcg/min is achieved:

( ) Non-Septic Shock	0.04 Units/min, intravenous, continuous
[ ] milrinone infusion 200 mcg/mL (premixed)	0.125-0.75 mcg/kg/min, intravenous, titrated
[ ] nitroglycerin infusion	5-200 mcg/min, intravenous, titrated
[ ] nitroprusside (NIPRIDE) infusion	0.3-8 mcg/kg/min, intravenous, titrated
[ ] niCARdipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated
[ ] esmolol (BREVIBLOC) infusion	50-200 mcg/kg/min, intravenous, titrated

Sedation

[ ] propofol (DIPRIVAN) or DEXMEDETomidine (PREcedex) infusion

[ ] propofol (DIPRIVAN) infusion	0-50 mcg/kg/min, intravenous, continuous
	After initiation reassess RASS/BIS within 10 min. Titrate for Sedation.
	LESS than desired sedation effect: INCREASE rate by 5 mcg/kg/min. Reassess sedation within 10 minutes.
	if (answer = Other)
	Specify:
	DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.
	GREATER than desired sedation effect: DECREASE rate 5 mcg/kg/min and reassess sedation within 15 minutes.
	If patient requiring GREATER than: 50 mcg/kg/min, Contact MD to re-evaluate sedation therapy
	if (answer = Other (Specify))
	Specify:

[ ] dexMEDEtomidine (PREcedex) infusion	0.1-1.5 mcg/kg/hr, intravenous, continuous Generally for mild to moderate sedation. Not for use in patients on neuromuscular blocking agents. NO LOADING DOSE. After initiation reassess RASS within 1 hour. Titrate for Sedation. LESS than desired sedation effect: INCREASE rate by 0.1 mcg/kg/hour. Reassess RASS within 1 hours. DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours if (answer = Other (Specify)) Specify: GREATER than desired sedation effect: DECREASE rate by 0.1 mcg/kg/hour. Reassess RASS within one hour. if (answer = Other (Specify)) Specify: If patient requiring GREATER than: 1.5 mcg/kg/hr, Contact MD to re-evaluate sedation therapy if (answer = Other (Specify)) Specify:

[ ] lorazepam (ATIVAN) or midazolam (VERSED) infusion - NOT HMW (Single Response)

( ) lorazepam (ATIVAN) 60 mg/30 mL infusion	Loading Dose (optional): Not Ordered Nursing Bolus Dose: 0.5 mg Continuous Dose: Not Ordered intravenous, continuous If LESS than desired sedation effect: administer ordered BOLUS dose IVOnce and increase rate by 0.25 milligram/hour then reassess sedation inone hour.If DESIRED sedation effect: Continue the same rate. Reassess sedationwithin 4 hours.If GREATER than desired sedation effect: Decrease rate by 0.25milligram/hour and reassess sedation within one hour.If patient requires GREA TER than 5 milligram/hour lorazepam, contact MDto re-evalute sedation therapy. Indication(s): Sedation if (answer = Other) Specify:

( )	midazolam (VERSED) 60 mg/30 mL infusion	intravenous, continuous If LESS than desired sedation effect: administer ordered BOLUS dose IVOnce and increase rate by 0.25 milligram/hour then reassess sedation inone hour.If DESIRED sedation effect: Continue the same rate. Reassess sedationwithin 4 hours.If GREATER than desired sedation effect: Decrease rate by 0.25milligram/hour and reassess sedation within one hour.If patient requires GREA TER than 5 milligram/hour midazolam, contact MDto re-evalute sedation therapy. Indication(s): Sedation if (answer = Other) Specify:

[ ] lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMWB Only (Single Response)

( )	LORAZepam (ATIVAN) 60 mg/30 mL infusion	Loading Dose (optional): Not Ordered Nursing Bolus Dose: 0.5 mg Continuous Dose: Not Ordered intravenous, continuous If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour. If patient requires GREA TER than 5 milligram/hour lorazepam, contact MD to re-evalute sedation therapy. Indication(s): Sedation if (answer = Other) Specify:
( )	MIDAZolam (VERSED) 30 mg/30 mL infusion	intravenous, continuous If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour. If patient requires GREA TER than 5 milligram/hour midazolam, contact MD to re-evalute sedation therapy. Indication(s): Sedation if (answer = Other) Specify:

[ ] lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMW Only (Single Response)

( )	LORAZepam (ATIVAN) 30 mg/30 mL infusion	Loading Dose (optional): Not Ordered Nursing Bolus Dose: 0.5 mg Continuous Dose: Not Ordered intravenous, continuous If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour. If patient requires GREA TER than 5 milligram/hour lorazepam, contact MD to re-evalute sedation therapy. Indication(s): Sedation if (answer = Other) Specify:

( ) MIDAZolam in 0.9% NaCl (VERSED) 55 mg/55 mL infusion	intravenous, continuous If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour. If patient requires GREA TER than 5 milligram/hour midazolam, contact MD to re-evalute sedation therapy. Indication(s): if (answer = Other) Specify:

[ ] fentanyl (SUBLIMAZE) or hydromorPHONE (DILAUDID) infusion - HMSJ Only (Single Response)

( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion	intravenous, continuous **Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated.** If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 25 micrograms/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 25 micrograms/hour and reassess sedation within one hour. If patient requires GREATE R than 200 micrograms/hour fentanyl, contact MD to re-evalute sedation therapy.
( ) hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% infusion	intravenous, continuous If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.5 milligrams/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 0.5 milligrams/hour and reassess sedation within one hour. If patient requires GREA TER than 2 milligrams/hour hydromorphone, contact MD to re-evalute sedation therapy.

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

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

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

Antitussives (Single Response)

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

Antipyretics

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

[ ]	acetaminophen (OFIRMEV) injection	1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses
		IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
		if (answer = Formulary policy override (Pharmacist use only))
		RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:
		if (answer = No)
		HM Policy Alert:

Stress Ulcer Prophylaxis (Single Response)

( )	famotidine (PEPCID) IV or ORAL	**"Or" Linked Panel**
[ ]	famotidine (PEPCID) injection	20 mg, intravenous, every 12 hours IV or ORAL
[ ]	famotidine (PEPCID) tablet	20 mg, oral, every 12 hours IV or ORAL
( )	pantoprazole (PROTONIX) IV or ORAL	**"Or" Linked Panel**
[ ]	pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy: if (answer = Other (Specify)) Specify:
[ ]	pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy: if (answer = Other (Specify)) Specify:
( )	omeprazole (PriLOSEC) suspension	40 mg, Nasogastric, once, For 1 Doses Indication(s) for Proton Pump Inhibitor (PPI) Therapy: if (answer = Other (Specify)) Specify:

Dexamethasone PO or IV (Single Response)

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

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

( )	dexamethasone (DECADRON) tablet	6 mg, oral, daily, For 10 Doses
( )	dexamethasone (DECADRON) IV	6 mg, intravenous, daily, For 10 Doses
( )	dexamethasone 4 mg/mL oral suspension	6 mg, oral, daily, For 10 Doses

Antiemetics

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

Antiemetics

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

Antiemetics

[ ]	ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
[ ]	promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ]	promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ]	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ]	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Constipation (Single Response)

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

Eye Care

[ ]	artificial tears ointment	Both Eyes, every 4 hours PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)
[ ]	hypromellose (NATURES TEARS) ophthalmic solution	2 drop, Both Eyes, every 2 hour PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)

Pain/Analgesia

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

(adjust dose for renal/liver function and age)

( ) acetaminophen (TYLENOL) tablet OR oral solution **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, for fever GREATER than 102 F Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[ ] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, for fever GREATER than 102 F Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.

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

(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

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

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet.

( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.

( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

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

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

(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

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

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet.
( )	traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day). Give if patient is able to tolerate oral medication

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

(adjust dose for renal/liver function and age)

( )	fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
( )	morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
( )	HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed

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

(adjust dose for renal/liver function and age)

( )	fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
( )	morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed

( )	HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed

[ ] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( )	HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
( )	morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
( )	oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.

[ ] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( )	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
( )	HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
( )	HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
( )	morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
( )	oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.

[ ] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( )	fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed
( )	morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed
( )	HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed

[ ] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( )	fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed
( )	morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed
( )	HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed

Insomnia

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

Respiratory Inhalers

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

sodium chloride 0.9% bag for line care

[X] sodium chloride 0.9% bag for line care	250 mL, intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.

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: if (answer = Other) Other anticoagulant therapy:

( ) 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 encourgae early ambulation

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

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

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once

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

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

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

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting tomorrow
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting tomorrow 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 tomorrow 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 tomorrow For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting tomorrow 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, Starting tomorrow 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, Starting tomorrow 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 tomorrow
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) 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 - 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 1700, Starting today
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting today 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 today 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 today 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) 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 tomorrow
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting tomorrow 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 tomorrow 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 tomorrow For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting tomorrow 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, Starting tomorrow 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, Starting tomorrow 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 tomorrow
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

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

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting today
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting today 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 today 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 today 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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 tomorrow Indications: if (answer = Other: Specify) Specify Other Indication:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting tomorrow
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting tomorrow
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting tomorrow
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting tomorrow
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting tomorrow 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 tomorrow 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 tomorrow For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting tomorrow 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, Starting tomorrow 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, Starting tomorrow 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 tomorrow To be Given on Post Op Day 1. Indications: if (answer = Other: Specify) Specify Other Indication:

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting tomorrow
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

URL: "\appt1.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:

( ) 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 encourgae early ambulation

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

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

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting tomorrow
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting tomorrow 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 tomorrow 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 tomorrow For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting tomorrow 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, Starting tomorrow 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, Starting tomorrow 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 tomorrow
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

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

[ ] 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 - 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 1700, Starting tomorrow
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting tomorrow 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 tomorrow 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 tomorrow 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) 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 tomorrow
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting tomorrow 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 tomorrow 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 tomorrow For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting tomorrow 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, Starting tomorrow 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, Starting tomorrow 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 tomorrow
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

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

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

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once

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

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

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

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

( ) warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

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

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

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once

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

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting tomorrow Indications: if (answer = Other: Specify) Specify Other Indication:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting tomorrow
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting tomorrow

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting tomorrow
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting tomorrow
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting tomorrow 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 tomorrow 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 tomorrow For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting tomorrow 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, Starting tomorrow 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, Starting tomorrow 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 tomorrow To be Given on Post Op Day 1. Indications: if (answer = Other: Specify) Specify Other Indication:

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting tomorrow
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:

( ) 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 encourgae early ambulation

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

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

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once

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

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

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

[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	**"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting tomorrow
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting tomorrow 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 tomorrow 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 tomorrow For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting tomorrow 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, Starting tomorrow 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, Starting tomorrow 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 tomorrow
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) 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 - 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 1700, Starting today
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting today 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 today 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 today 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) 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 tomorrow
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting tomorrow 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 tomorrow 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 tomorrow For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting tomorrow 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, Starting tomorrow 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, Starting tomorrow 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 tomorrow
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

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

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting today
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting today 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 today 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 today 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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 tomorrow Indications: if (answer = Other: Specify) Specify Other Indication:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting tomorrow
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting tomorrow

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting tomorrow
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting tomorrow
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting tomorrow 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 tomorrow 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 tomorrow For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting tomorrow 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, Starting tomorrow 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, Starting tomorrow 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 tomorrow To be Given on Post Op Day 1. Indications: if (answer = Other: Specify) Specify Other Indication:

( )	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting tomorrow
		Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:

( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting today
		Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

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

Labs

Laboratory-Admission

[X]	CBC with platelet and differential	STAT For 1 Occurrences
[X]	Comprehensive metabolic panel	STAT For 1 Occurrences
[X]	Prothrombin time with INR	STAT For 1 Occurrences
[X]	Partial thromboplastin time, activated (PTT)	STAT For 1 Occurrences
[X]	Troponin	STAT For 1 Occurrences
[X]	BNP	STAT For 1 Occurrences
[X]	Myoglobin	STAT For 1 Occurrences
[X]	Procalcitonin	STAT For 1 Occurrences
[X]	IgG subclasses	STAT For 1 Occurrences
[X]	Creatine kinase, total (CPK)	STAT For 1 Occurrences
[ ]	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.
[ ]	hCG qualitative, urine screen	STAT For 1 Occurrences

Laboratory-Inflammatory Bundle

[X]	C-reactive protein	Once
[X]	Interleukin 6	Once
[X]	Ferritin level	Once
[X]	D-dimer	Once

[X] LDH	Once
[X] Triglycerides	Once
[X] Fibrinogen	Once
[ ] Lactic acid level, SEPSIS - Now and repeat 2x every 3 hours	Now and repeat 2x every 3 hours For 3 Occurrences
[ ] Prothrombin time with INR	Once
[ ] Partial thromboplastin time, activated	Once

Laboratory-Daily Repeat

[X] CBC with platelet and differential	AM draw repeats For 3 Occurrences
[X] Comprehensive metabolic panel	AM draw repeats For 3 Occurrences
[ ] Additional Daily labs-Critical Illness/Clinical Deterioration	

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

[ ] Troponin	AM draw repeats, Starting tomorrow For 3 Occurrences
[ ] D-dimer	AM draw repeats, Starting tomorrow For 3 Occurrences
[ ] C-reactive protein	AM draw repeats, Starting tomorrow For 3 Occurrences
[ ] LDH	AM draw repeats, Starting tomorrow For 3 Occurrences
[ ] Ferritin level	AM draw repeats, Starting tomorrow For 3 Occurrences

Laboratory-Type and Screen

[X] Type and screen	
[X] Type and screen	STAT For 1 Occurrences, Blood Bank
[X] ABO and Rh confirmation	Once, Blood Bank Confirmation

Cardiology

Cardiology

[X] ECG 12 lead upon admission	Routine, STAT For 1 Occurrences Clinical Indications: Rate/Rhythm if (answer = Other:) Other: Interpreting Physician:
[ ] ECG 12 lead daily	Routine, Daily For 3 Occurrences Clinical Indications: if (answer = Other:) Other: Interpreting Physician:
[ ] Transthoracic Echocardiogram Complete, (w Contrast, Strain and 3D if needed)	Routine, 1 time imaging

Imaging

CXR

[X] XR Chest 1 Vw Portable	STAT, 1 time imaging For 1 Occurrences
[ ] Daily XR Chest 1 Vw Portable	Routine, Daily imaging, Starting tomorrow For Until specified Consider daily CXR for the following patients: Age > 70, BMI > 40, or Increasing O2 requirements on the floor.

Respiratory

Respiratory

URL: "\appt1Hypoxemia Algorithm.pdf"

[ ] Mechanical ventilation	Routine
	Mechanical Ventilation:
	if (answer = Invasive)
	Type of Ventilation:
	if (answer = Volume Targeted)
	Mode of ventilation:
	if (answer = AC)

	VT - Tidal Volume (mL):
	% O2 (%):
	Rate (breaths/minute):
	PEEP (cm H2O):
	Inspiratory Time (sec):
	if (answer = SIMV)
	VT - Tidal Volume (mL):
	% O2 (%):
	Rate (breaths/minute):
	PEEP (cm H2O):
	Pressure Support (cm H2O):
	Inspiratory Time (sec):
	if (answer = Pressure Targeted)
	Mode of ventilation:
	if (answer = AC)
	Inspiratory Pressure (cm H2O):
	% O2 (%):
	Rate (breaths/minute):
	PEEP (cm H2O):
	if (answer = SIMV)
	Inspiratory Pressure (cm H2O):
	% O2 (%):
	Rate (breaths/minute):
	PEEP (cm H2O):
	Pressure Support (cm H2O):
	if (answer = Spontaneous)
	% O2 (%):
	PEEP (cm H2O):
	Pressure Support (cm H2O):
	if (answer = Adaptive Support Ventilation (ASV))
	% Minute Volume (%):
	% O2 (%):
	PEEP (cm H2O):
	if (answer = Airway Pressure Release Ventilation (APRV))
	PEEP Low (cm H2O):
	PEEP High (cm H2O):
	% O2 (%):
	Inspiratory Time (sec):
	Expiratory Time (sec):
	Pressure Support (cm H2O):
	if (answer = BiLEVEL/DuoPAP)
	PEEP Low (cm H2O):
	PEEP High (cm H2O):
	% O2 (%):
	Rate (breaths/minute):
	Pressure Support (cm H2O):
	if (answer = Non-Invasive)
	Inspiratory Pressure/IPAP (cm H2O):
	PEEP/EPAP (cm H2O):
	Rate (breaths/minute):
	% O2 (%):
	Pressure Support (cm H2O):
	VT - Tidal Volume (mL):
	Vent Management Strategies:
	Vent Management Strategies:
	Vent Management Strategies:
	Vent Management Strategies:

[ ] Oxygen therapy-	Routine, Continuous
	Device:
	if (answer = Nasal Cannula)
	Rate in liters per minute:
	Titrate to keep O2 Sat Above:
	if (answer = Other (Specify))

Specify titration to keep O2 Sat (%) Above:
if (answer = Simple Face Mask)
Rate in liters per minute:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = Non-rebreather mask)
Rate in liters per minute:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or (answer = Trach Collar)
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = Venturi Mask)
FiO2:
if (answer = Other (Specify))
Specify O2 %:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = Other (Specify))
Specify:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = High Flow Nasal Cannula (HFNC))
Rate in liters per minute:
if (answer = Heated High Flow Nasal Cannula (Heated HFNC))
Rate in liters per minute:
if (answer = Other (Specify))
Specify Flowrate (Lpm):
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
Indications for O2 therapy:
if (answer = Other (Specify))
Specify:
Device 2:
if (answer = Nasal Cannula)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Simple Face Mask)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = High Flow Nasal Cannula (HFNC))
Rate in liters per minute:
Rate in liters per minute:
if (answer = Other (Specify))

	Specify lpm:
	O2 %:
	if (answer = Other (Specify))
	Specify O2 %:
	O2 %:
	if (answer = Other (Specify))
	Specify O2 %:
	if (answer = Non-rebreather mask)
	Rate in liters per minute:
	if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or (answer = Trach Collar)
	O2 %:
	if (answer = Other (Specify))
	Specify O2 %:
	if (answer = Venturi Mask)
	FiO2:
	if (answer = Other (Specify))
	Specify O2 %:
	if (answer = Other (Specify))
	Specify:
	Device 3:
	if (answer = Nasal Cannula)
	Rate in liters per minute:
	Rate in tenths of a liter per minute:
	O2 %:
	if (answer = Other (Specify))
	Specify O2 %:
	if (answer = Simple Face Mask)
	Rate in liters per minute:
	Rate in tenths of a liter per minute:
	O2 %:
	if (answer = Other (Specify))
	Specify O2 %:
	if (answer = High Flow Nasal Cannula (HFNC))
	Rate in liters per minute:
	Rate in liters per minute:
	if (answer = Other (Specify))
	Specify lpm:
	O2 %:
	if (answer = Other (Specify))
	Specify O2 %:
	O2 %:
	if (answer = Other (Specify))
	Specify O2 %:
	if (answer = Non-rebreather mask)
	Rate in liters per minute:
	if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or (answer = Trach Collar)
	O2 %:
	if (answer = Other (Specify))
	Specify O2 %:
	if (answer = Venturi Mask)
	FiO2:
	if (answer = Other (Specify))
	Specify O2 %:
	if (answer = Other (Specify))
	Specify:
	Indications for O2 therapy:
	if (answer = Other)
	Specify:

[ ] Incentive spirometry	Routine, Every 2 hours while awake

Physician Consults

Physician Consults

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

[ ] Consult Infectious Diseases for moderate to severe COVID-19 patient	Reason for Consult? Management of COVID-19 positive patient
	Patient/clinical information communicated?
	if (answer = Consultant not contacted)
	Will you contact the consultant?
	if (answer = Answering service notified)
	Additional information:

[ ] Consult Hematology and Oncology for suspected Cytokine Storm	Reason for Consult? Management of COVID-19 positive patient with suspected Cytokine Storm
	Patient/clinical information communicated?
	if (answer = Consultant not contacted)
	Will you contact the consultant?
	if (answer = Answering service notified)
	Additional information:

[ ] Consult Pulmonary/Crit Care for respiratory insufficiency	Reason for Consult? Management of COVID-19 positive patient with respiratory insufficiency
	Patient/clinical information communicated?
	if (answer = Consultant not contacted)
	Will you contact the consultant?
	if (answer = Answering service notified)
	Additional information:

[ ] Consult Nephrology/Hyperten	Reason for Consult?
	Patient/Clinical information communicated?
	if (answer = Answering service)
	Additional information:
	Patient/clinical information communicated?
	if (answer = Consultant not contacted)
	Will you contact the consultant?
	if (answer = Answering service notified)
	Additional information:

Ancillary Consults

Ancillary Consults

[ ] Consult to Palliative Care Service	Priority: Same Day Reason for Consult? Assistance with clarification of goals of care if (answer = Other) Specify: Order? Name of referring provider: Enter call back number:
[ ] Consult to Nutrition Services	Reason For Consult? if (answer = Other (Specify)) Specify: Purpose/Topic:

[ ] Consult to Spiritual Care	Reason for consult?
	if (answer = Catholic Priest)
	Reason for contacting Catholic Priest:
	if (answer = Other Specify)
	Specify:
	if (answer = Advance Directive)
	Is the patient alert and oriented?
	if (answer = No)
	No, Patient does not have capcaity:
	if (answer = Other Specify)
	Specify:

[ ] Consult to Social Work	Reason for Consult: if (answer = Other Specify) Specify:

[ ] Consult to Case Management

Consult Reason:
if (answer = Other specify)
Specify:
if (answer = Home Health)
Face-to-Face Date:
Reasons for Home Health Care:
Home Health Services:
if (answer = Skilled Nursing Evaluation & Treatment)
Times per week:
For:
Days/Week/Weeks:
if (answer = Physical Therapy Evaluation & Treatment)
(PT) Times per week:
For:
Days/Week/Weeks:
if (answer = Occupational Therapy Evaluation & Treatment)
Times per week:
For:
Days/Week/Weeks:
if (answer = Speech Language Pathology Evaluation & Treatment)
Times per week:
For:
Days/Week/Weeks:
if (answer = Social Worker)
Times per week:
For:
Days/Week/Weeks:
if (answer = Home Health Aide)
Times per week:
For:
Days/Week/Weeks:
if (answer = Home Infusion)
IV infusion needs:
if (answer = Labs)
IV Infusion Labs:
Every:
Lab results called to:
if (answer = IV Fluids)
Solution:
How often:
Start date:
Stop date:
if (answer = Antibiotics)
Antibiotic(s), please list:
Start date:
Stop date:
if (answer = Nutritional Supplies)
Nutritional DME:
if (answer = Bolus feeding)
Rate:
Formula:
if (answer = Continuous feeding)
Rate:
Formula:
if (answer = Home Wound Care)
Wound care questions:
if (answer = Dressing Instructions)
How often:
Clean with:
Cover with:
Duration:
if (answer = Pleurx)

PleurX choices:
Change every:
PleurX Duration:
if (answer = Wound vac)
Change how often:
Pressure (mmHg):
Therapy Settings:
if (answer = Other)
Specify:
if (answer = Dynamic Pressure Control)
DCP Ratio:
Intensity:
Foam Type:
Type of Wound:
if (answer = Other)
Specify:
if (answer = Ostomy supplies)
Special ostomy supplies:
Clinical Findings:
if (answer = Other:)
Other Clinical Findings:
Homebound Status:
if (answer = Other:)
Other Homebound Status:
if (answer = Leaving home is medically contraindicated due to)
Contraindication:
Special Instructions:
Resume home health services with previous home health agency prior to the hospital admission:
Face to Face Cert Statement:
if (answer = DME)
DME Diagnosis:
Type of DME:
if (answer = Mobility Aids)
MOBILITY AIDS: Per Payer requirements; only ONE Mobility Aid may be chosen from this list:
if (answer = Walkers (With 5 inch Wheels))
Walkers (With 5 inch wheels):
if (answer = Walkers (Without Wheels))
Walkers (Without Wheels):
if (answer = Wheelchair)
Wheelchair:
if (answer = Canes)
Canes:
if (answer = Crutches)
Crutches:
if (answer = 3 in 1 Bedside Commode)
3-in-1 Bedside Commode:
if (answer = Respiratory Equipment)
Oxygen:
if (answer = O2 Portable Gas)
Continuous or PRN Oxygen:
O2 Duration:
O2 Sat on Room Air, at Rest %:
O2 Sat on Room Air, During Exertion %:
O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%):
O2 Device:
O2 Flowrate (L/Min) Setting:
INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Oxygen: Must enter

Lung Disease Diagnosis or Hypoxia Related Symptoms -
Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Nebulizer)
Nebulizer Med:
if (answer = Albuterol)
Albuterol dose:
if (answer = Xopenex)
Xopenex dose:
if (answer = Mucomyst)
Mucomyst dose:
if (answer = Atrovent)
Atrovent dose:
INDICATIONS for Ordering Nebulizer: Must enter
Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Nebulizer: Must enter
Lung Disease Diagnosis or Hypoxia Related Symptoms -
Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Trach supplies)
Type:
Size of tube:
if (answer = Home ventilator)
Home ventilator settings:
if (answer = CPAP)
Pressure:
if (answer = BIPAP)
IPAP:
EPAP:
if (answer = O2 Bleed in Rate)
Liter flow:
if (answer = Portable O2 Generator)
Continuous or PRN Oxygen:
O2 Duration:
O2 Sat on Room Air, at Rest %:
O2 Sat on Room Air, During Exertion %:
O2 Sat on Oxygen with Exertion % demonstrates
improvement (above 88%):
O2 Device:
O2 Flowrate (L/Min) Setting:
INDICATIONS for Ordering Oxygen: Must enter
Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Oxygen: Must enter
Lung Disease Diagnosis or Hypoxia Related Symptoms -
Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Hospital Bed)
Hospital Bed:
if (answer = Gel Overlay)
Indicate which of the following conditions describe
the patient. Answer all that apply:
if (answer = Alternating Pressure Mattress)
Indicate which of the following conditions describe
the patient. Answer all that apply:
if (answer = Low Air Loss Mattress)
Additional Medical Information - select all that apply:
if (answer = Semi-Electric Hospital Bed with Split
Siderails)
Pressure ulcer - check all that apply:

if (answer = Semi-Electric Hospital Bed with Full Rails)
Pressure ulcer - check all that apply:
if (answer = Other Equipment (specify))
Other Equipment:
if (answer = Other (specify))
Other:
if (answer = Diabetic supplies)
Diabetic supplies:
Face-to-Face Date:
Clinical Findings:
if (answer = Other:)
Other Clinical Findings:
Special Instructions:

Additional Orders