

General

Common Present on Admission Diagnosis

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

Admission or Observation (Single Response) (Selection Required)

<input type="checkbox"/> Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
<input type="checkbox"/> Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:

Admission or Observation (Single Response)

Patient has active status order on file

<input type="checkbox"/> Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
<input type="checkbox"/> Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:

Admission (Single Response)

Patient has active status order on file.

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

Code Status

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

Isolation

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

Precautions

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

Nursing

Vital Signs

<input type="checkbox"/> Vital Signs-Per unit Protocol	Routine, Per unit protocol
<input type="checkbox"/> Vital Signs-Per Protocol IV morphine	Routine, Per unit protocol Patient receiving IV morphine for chest pain: Assess and document vital signs before and after each dose to include neurological assessment and oxygenation saturation

Activity

<input type="checkbox"/> Up ad lib	Routine, Until discontinued, Starting S Specify: Up ad lib
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance
<input type="checkbox"/> Turn patient	Routine, Every 2 hours
<input type="checkbox"/> Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees

Nursing Care

<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Intake and Output	Routine, Every shift
<input type="checkbox"/> Strict intake and output	Routine, Every hour
<input type="checkbox"/> Hemodynamic Monitoring	Routine, Continuous Measure:

<input type="checkbox"/> Insert and Maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain

<input type="checkbox"/> Insert and Maintain Temperature Sensing Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Temperature Sensing Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain

<input type="checkbox"/> Nasogastric Tube Insert and Maintain	
<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type:
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders:

<input checked="" type="checkbox"/> Oral care	Routine, Every 4 hours For intubated patients
---	--

<input checked="" type="checkbox"/> Oral care	Routine, Every shift For non intubated patients
---	--

<input type="checkbox"/> Assist with feeding patient	Routine, Until discontinued, Starting S Modifier:
--	--

<input type="checkbox"/> Peripheral vascular assessment	Routine, Once
---	---------------

<input type="checkbox"/> First Step Plus Mattress	Routine, Once Clinical Indications. Criteria 1, or Criteria 2 or 3 and at least one of 4-7: Special Instructions: Weight:
---	--

<input type="checkbox"/> Roho Mattress	Routine, Once Clinical Indications. Criteria 1, or Criteria 2 or 3 and at least one of 4-7: Special Instructions: Weight:
<input type="checkbox"/> Kin Air Bed with Scales	Routine, Once Clinical Indication(s): Group II Must select as indicated - Criteria 1 and 2 and 3 or, - Criteria 4, or Criteria 5 and 6: Special Instructions: Weight:
<input type="checkbox"/> RN may remove arterial lines, triple lumen catheters in IJ, femoral and subclavian positions	Routine, Until discontinued, Starting S

Vent Bundle

<input type="checkbox"/> Mechanical ventilation	Routine Mechanical Ventilation: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies:
<input type="checkbox"/> Hold tube feedings	Routine, Conditional Frequency For 99 Occurrences Hold tube feedings in AM if FIO2 less than 50%, peep less than or equal to 8 centimeters, saturation greater than 90%.
<input type="checkbox"/> Sedation holiday	Routine, Conditional Frequency For 99 Occurrences Sedation holiday starting at 5am daily if FIO2 less than 50%, peep less than or equal to 8 centimeters, saturation greater than 90%.
<input type="checkbox"/> Spontaneous breathing trial	Routine, As needed If FIO2 less than 50%, peep less than or equal to 8 centimeters, saturation greater than 90%

Notify Physician

<input checked="" type="checkbox"/> Notify Physician	Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT
<input checked="" type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial)
<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90
<input checked="" type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S, for hematoma, significant or suspected bleeding.
<input checked="" type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S, In change in mental lethargy, obtain blood sugar
<input checked="" type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S, for sudden change in patient's status
<input checked="" type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S, for urinary output less than 30 milliliters/hour
<input checked="" type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S, if blood sugar is greater than 150 times 2.

<input checked="" type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S, if patient is NPO on scheduled insulin
<input checked="" type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S, if morphine administered for acute chest pain
<input checked="" type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S, for chest pain associated with EKG changes
<input checked="" type="checkbox"/> Notify Physician (Specify)	Routine, Until discontinued, Starting S, for further amiodarone infusion titration instructions

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input type="checkbox"/> NPO-After midnight except meds	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds Pre-Operative fasting options:
<input type="checkbox"/> Diet-Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet-1800 Carb Control	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet-Renal	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet-Clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

IV Fluids

Peripheral IV Access

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

IV Bolus (Single Response)

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

() lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
------------------------------------	--

Maintenance IV Fluids (Single Response)

() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous

Medications

Anticoagulant

Use with Caution on Patients with Epidural Medications.
Round 1mg/kg orders to the nearest 10mg

CrCl less than 30 mL/min, GIVE 30mg SQ Once Daily

[] enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL)
[] enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 24 hours

Antiplatelet

[] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily
[] aspirin tablet	325 mg, oral, once, For 1 Doses
[] aspirin tablet	325 mg, oral, daily
[] clopidogrel (PLAVIX) tablet	75 mg, oral, once, For 1 Doses
[] clopidogrel (PLAVIX) tablet	75 mg, oral, daily
[] Loading Dose - clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses
[] Loading Dose - clopidogrel (PLAVIX) tablet	600 mg, oral, once, For 1 Doses
[] eptifibatide (INTEGRILIN) bolus injection	180 mcg/kg, intravenous, once, For 1 Doses
[] eptifibatide (INTEGRILIN) 0.75 mg/mL infusion	2 mcg/kg/min, intravenous, continuous
[] For CrCl LESS THAN 50 mL/min - eptifibatide (INTEGRILIN) 0.75 mg/mL infusion	1 mcg/kg/min, intravenous, continuous

Nitrates

[] nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses Hold for systolic blood pressure LESS THAN 90 mmHg.
[] nitroglycerin (NITROSTAT) 2 % ointment	1 inch, Topical, every 6 hours scheduled
[] isosorbide mononitrate (IMDUR) 24 hr tablet	30 mg, oral, 2 times daily at 0900, 1600 HOLD parameters for this order: Contact Physician if:

Beta-Blocker

[] metoprolol (LOPRESSOR) injection	5 mg, intravenous, 2 times daily at 0600, 1800 Hold for heart rate less than 50 beats per minute, or systolic bloodpressure less than 90 mmHg, second or third degree AVB, PR-intervalgreater than 0.24 and notify physician. HOLD parameters for this order: Contact Physician if:
[] metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800 Hold for heart rate LESS THAN 50 beats/min, or systolic blood pressureLESS THAN 90 mmHg, second or third degree AVB, PR-interval GREATER THAN0.24 and notify physician. HOLD parameters for this order: Contact Physician if:

<input type="checkbox"/> metoprolol succinate XL (TOPROL-XL) 24 hr tablet	50 mg, oral, daily at 0600 Hold for heart rate LESS THAN 50 beats/min, or systolic blood pressure LESS THAN 90 mmHg, second or third degree AVB, PR-interval GREATER THAN 0.24 and notify physician. HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800 Administer with food. Hold for heart rate LESS THAN 50 beats/min, or systolic blood pressure LESS THAN 90 mmHg, second or third degree AVB, PR-interval GREATER THAN 0.24 and notify physician. HOLD parameters for this order: Contact Physician if:

Statin

<input type="checkbox"/> atorvastatin (LIPITOR) tablet	80 mg, oral, nightly
<input type="checkbox"/> simvastatin (ZOCOR) tablet	20 mg, oral, nightly If patient is on amiodarone, maximum dose is 10 mg.
<input type="checkbox"/> pravastatin (PRAVACHOL) tablet	40 mg, oral, nightly
<input type="checkbox"/> atorvastatin (LIPITOR) tablet	40 mg, oral, nightly

Arrhythmia Control

<input type="checkbox"/> amIODarone bolus injection	150 mg, intravenous, at 600 mL/hr, for 10 Minutes, once, For 1 Doses
<input type="checkbox"/> amIODarone (CORDARONE) IV	1 mg/min, intravenous, continuous The Standard Infusion Dose Rate is 1mg/min, for 6 hours, then Decreased to 0.5mg/min. Patients should be monitored for QTc prolongation. (33 milliliter/hour); NO Titration.
<input type="checkbox"/> amIODarone (CORDARONE) IV	1 mg/hr, intravenous, continuous The Standard Infusion Dose Rate is 1mg/min, for 6 hours, then Decreased to 0.5mg/min. Patients should be monitored for QTc prolongation. (33 milliliter/hour) times 6 hours then 0.5 milligram/minute (17 milliliter/hour) times 18 hours. Then call cardiologist or CCU house staff for further orders.
<input type="checkbox"/> amIODarone (CORDARONE) IV	0.5 mg/min, intravenous, continuous The Standard Infusion Dose Rate is 1mg/min, for 6 hours, then Decreased to 0.5mg/min. Patients should be monitored for QTc prolongation. (33 milliliter/hour) times 6 hours then 0.5 milligram/minute (17 milliliter/hour) times 18 hours. Then call cardiologist or CCU house staff for further orders.
<input type="checkbox"/> diltiazem (CARDIZEM) IV	2.5-15 mg/hr, intravenous, continuous

GI Medications

<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
<input type="checkbox"/> docusate (COLACE) 50 mg/5 mL liquid	100 mg, Nasogastric, 2 times daily
<input type="checkbox"/> ondansetron (ZOFTRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
<input type="checkbox"/> promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 4 hours PRN, nausea, vomiting, for patients LESS THAN 65 yrs old.
<input type="checkbox"/> metoclopramide (REGLAN) injection	5 mg, intravenous, every 6 hours PRN, nausea, vomiting
<input type="checkbox"/> DO NOT use in renal patients - magnesium hydroxide suspension	30 mL, oral, every 6 hours PRN, constipation, For 2 Doses Do not use in renal patients
<input type="checkbox"/> alum-mag hydroxide-simeth (MAALOX) oral suspension	30 mL, oral, every 6 hours PRN, indigestion Use with caution in renal patients. Call MD if more than 3 doses needed.
<input type="checkbox"/> aluminum hydroxide (ALTERNGEL) gel suspension	60 mL, oral, every 6 hours PRN, indigestion Use with caution in renal patients. Call MD if more than 3 doses needed.
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, PRN, constipation

polyethylene glycol (GLYCOLAX) packet 17 g, oral, daily PRN, constipation

Contrast Prophylaxis

For patients with CrCl LESS THAN 60 or DM

acetylcysteine 20% oral solution 1,200 mg, oral, once, For 1 Doses
Then every 12 hours times 48 hours post exposure
(Creatinine Clearance LESS THAN 60 or DM).

acetylcysteine 20% oral solution 1,200 mg, oral, 2 times daily at 0600, 1800 (TIME CRITICAL)
Post exposure (Creatinine Clearance LESS THAN 60 or DM).

acetylcysteine (ACETADOTE) 200 mg/mL (20 %) injection 200 mg, intravenous, once, For 1 Doses
(600 milligram/3 milliliter) IV Push then two times daily times
48 hours post exposure (Creatinine Clearance less than 60 or DM).

acetylcysteine (ACETADOTE) 200 mg/mL (20 %) injection 200 mg, intravenous, 2 times daily
post exposure (Creatinine Clearance less than 60 or DM).

Antibiotics

vancomycin (VANCOCIN) IV 1,000 mg, intravenous, every 12 hours
Type of Therapy:

vancomycin (VANCOCIN) IV 1,000 mg, intravenous, every 24 hours
Type of Therapy:

levofloxacin (LEVAQUIN) IV 750 mg, intravenous, every 24 hours
Reason for Therapy:

Antibiotics (Select Both)

cefTRIAXone (ROCEPHIN) IV 1,000 mg, intravenous, for 30 Minutes, every 24 hours
Reason for Therapy:

azithromycin (ZITHROMAX) IV 500 mg, intravenous, for 60 Minutes, every 24 hours
Reason for Therapy:

levofloxacin (LEVAQUIN) IV 750 mg, intravenous, every 24 hours
Reason for Therapy:

clindamycin (CLEOCIN) IV 600 mg, intravenous, for 30 Minutes, every 6 hours PRN
Reason for Therapy:

Antibiotics: Option 1 (Select Both)

piperacillin-tazobactam (ZOSYN) IV 4.5 g, intravenous, every 8 hours
Reason for Therapy:

levofloxacin (LEVAQUIN) IV 750 mg, intravenous, every 24 hours
Reason for Therapy:

Antibiotics: Option 2 (Select Both)

cefepime (MAXIPIME) IV 2 g, intravenous, every 12 hours
Reason for Therapy:

levofloxacin (LEVAQUIN) IV 750 mg, intravenous, every 24 hours
Reason for Therapy:

For Beta-Lactam Allergic Patients (Pick Both)

aztreonam (AZACTAM) IV 2 g, intravenous, every 8 hours
Reason for Therapy:

levofloxacin (LEVAQUIN) IV 750 mg, intravenous, every 24 hours
Reason for Therapy:

Respiratory Medications

acetylcysteine 20% inhalation solution 2 mL, nebulization, Respiratory Therapy - every 12 hours
Add 2 mL of 20% inhaled to all respiratory treatments given.
20% acetylcysteine solution provides 200mg/ml of
acetylcysteine.
Aerosol Delivery Device:

<input type="checkbox"/>	albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, Respiratory Therapy - every 6 hours Aerosol Delivery Device:
<input type="checkbox"/>	ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, Respiratory Therapy - every 6 hours Aerosol Delivery Device:
<input type="checkbox"/>	budesonide (PULMICORT) nebulizer solution	0.25 mg, nebulization, Respiratory Therapy - 2 times daily
<input type="checkbox"/>	albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 6 hours PRN, wheezing Aerosol Delivery Device:
<input type="checkbox"/>	ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 6 hours PRN, wheezing Aerosol Delivery Device:
<input type="checkbox"/>	acetylcysteine 20% inhalation solution	2 mL, nebulization, PRN, wheezing Add 2 mL of 20% inhaled to all respiratory treatments given. 20% acetylcysteine solution provides 200mg/ml of acetylcysteine. Aerosol Delivery Device:

Pain Medications

DO NOT give more than 3000 milligrams per 24 hours, or to patients with liver failure

<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	325 mg, oral, every 4 hours PRN, mild pain (score 1-3) DO NOT give more than 3000 milligrams per 24 hours, or to patients with liver failure
<input type="checkbox"/>	acetaminophen (TYLENOL) suspension	650 mg, Nasogastric, every 4 hours PRN, mild pain (score 1-3) DO NOT give more than 3000 milligrams per 24 hours, or to patients with liver failure
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, moderate pain (score 4-6) DO NOT give more than 3000 milligrams per 24 hours, or to patients with liver failure
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/>	morphine 2 mg/mL injection	1 mg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
<input type="checkbox"/>	fentaNYL (SUBLIMAZE) 50 mcg/mL injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	2 tablet, oral, every 4 hours PRN, severe pain (score 7-10)
<input type="checkbox"/>	morphine 2 mg/mL injection	2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10)
<input type="checkbox"/>	fentaNYL (SUBLIMAZE) 50 mcg/mL injection	50 mcg, intravenous, every 2 hour PRN, severe pain (score 7-10)
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	325 mg, oral, every 4 hours PRN, fever DO NOT give more than 3000 milligrams per 24 hours, or to patients with liver failure
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, fever DO NOT give more than 3000 milligrams per 24 hours, or to patients with liver failure
<input type="checkbox"/>	acetaminophen (TYLENOL) suspension	650 mg, Nasogastric, every 4 hours PRN, fever DO NOT give more than 3000 milligrams per 24 hours, or to patients with liver failure
<input type="checkbox"/>	acetaminophen (TYLENOL) suppository	650 mg, rectal, every 4 hours PRN, fever

Anxiolytics

<input type="checkbox"/>	ALPRAZolam (XANAX) tablet	0.25 mg, oral, every 8 hours PRN, anxiety, For 3 Doses Indication(s): Anxiety
--------------------------	---------------------------	--

Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response)

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

Insomnia: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/>	zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
<input type="checkbox"/>	ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep

Pharmacy Consults

<input type="checkbox"/> Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:
<input type="checkbox"/> Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa
<input type="checkbox"/> Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses	STAT, Until discontinued, Starting S Heparin Indication: ACS Specify: No initial Bolus Monitoring: Anti-Xa
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	Routine, Until discontinued, Starting S Indication:

VTE

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

URL: "\appt1.pdf"

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

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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

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

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

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

HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

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

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

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

<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
[] High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

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

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

URL: "\appt1.pdf"

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

Moderate Risk (Selection Required)

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

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

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

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

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

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

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700, Starting S+1

patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 1700, Starting S+1
For Patients with CrCL LESS than 30 mL/min

patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

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

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

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

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

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

HIGH Risk of DVT - Surgical (Selection Required)

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

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

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

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

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

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

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

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

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

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

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

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

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

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

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

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

patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 mg, subcutaneous, every 12 hours at 0900, 2100
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

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

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

DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis
Routine, Once
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:
- LOW Risk of DVT (Selection Required)
Low Risk Definition
Age less than 60 years and NO other VTE risk factors
- Low Risk (Single Response) (Selection Required)
 Low risk of VTE
Routine, Once
Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
- MODERATE Risk of DVT - Surgical (Selection Required)
Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission
- Moderate Risk (Selection Required)
 Moderate risk of VTE
Routine, Once
- Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)
 Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device
"And" Linked Panel
 Contraindications exist for pharmacologic prophylaxis
Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous
Routine, Continuous
- Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis
"And" Linked Panel
 Contraindications exist for pharmacologic prophylaxis
Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):
 Contraindications exist for mechanical prophylaxis
Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):
- enoxaparin (LOVENOX) injection (Single Response) (Selection Required)
 enoxaparin (LOVENOX) syringe
40 mg, subcutaneous, daily at 0600, Starting S+1
 patients with CrCL LESS than 30 mL/min
30 mg, subcutaneous, daily at 0600, Starting S+1
For Patients with CrCL LESS than 30 mL/min
 patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min
30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

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

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

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

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

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

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

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

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

HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

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

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis must be addressed.	
One or more of the following medical conditions:	
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)	
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:

<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

Labs

Labs

<input type="checkbox"/> Lactic acid, plasma	Once
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input type="checkbox"/> Troponin I	Once
<input type="checkbox"/> TSH	Once
<input type="checkbox"/> T4, free	Once
<input type="checkbox"/> T3	Once
<input type="checkbox"/> Hemoglobin A1c	Once
<input type="checkbox"/> Digoxin level	Once
<input type="checkbox"/> Anti Xa, unfractionated	Once
<input type="checkbox"/> Ionized calcium	Once
<input type="checkbox"/> Hepatic function panel	Once
<input type="checkbox"/> Amylase	Once
<input type="checkbox"/> Lipase	Once
<input type="checkbox"/> CBC and differential	Once
<input type="checkbox"/> Prothrombin time with INR	Once
<input type="checkbox"/> Partial thromboplastin time	Once
<input type="checkbox"/> Blood gas, arterial	Once
<input type="checkbox"/> D-dimer, quantitative	Once
<input checked="" type="checkbox"/> Lipid panel	Once

Repeating Labs

<input type="checkbox"/> Troponin I	Once For 3 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	AM draw repeats For 3 Occurrences
<input type="checkbox"/> CBC with platelet and differential	AM draw repeats For 3 Occurrences
<input type="checkbox"/> Ionized calcium	AM draw repeats For 3 Occurrences
<input type="checkbox"/> Potassium	Conditional Frequency Recheck potassium level 2 hours post IV infusion or 4 hours post oral intake
<input type="checkbox"/> Blood gas, arterial	AM draw repeats, Starting S with First Occurrence Include Now For 3 Days

Microbiology

<input type="checkbox"/> Blood culture x 2	"And" Linked Panel
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Sputum culture	Once, Sputum
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:

Cardiology

Cardiology

<input type="checkbox"/> ECG 12 lead for chest pain on admission	Routine, Once Clinical Indications: Chest Pain Interpreting Physician: For chest pain on admission
<input type="checkbox"/> ECG 12 lead daily x 3 at 5 am	Routine, Conditional Frequency For 3 Days Clinical Indications: Cardiac Arrhythmia Interpreting Physician: Daily at 5am to evaluate anti arrhythmic therapy. Cardiac patients to include patient on anti-arrhythmics
<input type="checkbox"/> ECG 12 lead with new episode of chest pain	Routine, Conditional Frequency For 999 Occurrences Clinical Indications: Chest Pain Interpreting Physician: Perform for each new episode of acute chest pain and notify provider
<input type="checkbox"/> Echocardiogram 2d complete with contrast	STAT, 1 time imaging
<input type="checkbox"/> Echocardiogram 2d complete with contrast	Routine, 1 time imaging, Starting S
<input type="checkbox"/> Echocardiogram 2d complete with contrast	Routine, 1 time imaging, Starting S+1 In am

Imaging

X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging For 1 On admission
--	--

Other Studies

Respiratory

Respiratory

<input checked="" type="checkbox"/> Oxygen therapy	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
<input type="checkbox"/> Incentive spirometry	Routine, Every hour While awake

Rehab

Consults

Ancillary Consults

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

<input type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?

Additional Orders