

# Adult Community-Acquired Pneumonia Admission [4730]

## General

### Common Present on Admission Diagnosis

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

### Admission or Observation (Single Response) (Selection Required)

( ) 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.
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( ) Admit to IP- University Teaching Service	Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement 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. To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
( ) Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
( ) UTS - Outpatient observation services under general supervision	Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
( ) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:

#### Admission or Observation (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.
( ) Admit to IP- University Teaching Service	Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement 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. To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
( ) Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:

( ) UTS - Outpatient observation services under general supervision	Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
( ) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:

#### 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.
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#### Admission or Observation (Single Response) (Selection Required)

( ) 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.
( ) Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
( ) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:

#### Admission or Observation (Single Response)

Patient has 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.
( ) Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
( ) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:

#### Code Status

[ ] Full code	Code Status decision reached by:
[ ] DNR (Selection Required)	
[ ] 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:

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

#### Isolation - TB Precautions

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

#### Activity

Activity (specify) Routine, Until discontinued, Starting S  
Specify: Activity as tolerated

#### Nursing

<input type="checkbox"/> Intake and output	Routine, Every 8 hours
<input checked="" type="checkbox"/> Pneumococcal and influenza vaccine	Routine, Until discontinued, Starting S
<input type="checkbox"/> Tobacco cessation education	Routine, Once If patient is a current smoker or has smoked in the past 12 months.

#### Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
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[X] Diet -

Diet effective now, Starting S  
Diet(s): Regular  
Advance Diet as Tolerated?  
Liquid Consistency:  
Fluid Restriction:  
Foods to Avoid:

## Medications

All doses are for patients with normal renal function.

### PPD Skin Test

[ ] tuberculin injection	5 Units, intradermal, once, For 1 Doses
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### Antipyretics (Single Response)

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

[ ] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 4 hours PRN, wheezing Aerosol Delivery Device:
[ ] ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 4 hours PRN, wheezing, shortness of breath Aerosol Delivery Device:

### Antitussives (Single Response)

( ) guaiFENesin (MUCINEX) 12 hr tablet	1,200 mg, oral, every 12 hours PRN, cough
( ) benzonatate (TESSALON) capsule	200 mg, oral, every 8 hours PRN, cough

## Antibacterials

All doses are for patients with normal renal function.

### Empiric Antibacterial Therapy (Single Response)

Select one of the following indications:

( ) Mild to Moderate (Non-ICU) Pneumonia (Single Response)	
( ) cefTRIAxone (ROCEPHIN) 1 g IV + azithromycin (ZITHROMAX) 500 mg IV	"And" Linked Panel
[ ] cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours, For 7 Doses Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
[ ] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 5 days given clinical improvement
( ) If Penicillin Allergic - levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 5-7 days given clinical improvement
( ) Severe (ICU) Pneumonia (Single Response)	

( ) cefTRIAXone (ROCEPHIN) 1 g IV + azithromycin (ZITHROMAX) 500 mg IV	<b>"And" Linked Panel</b>
[ ] cefTRIAXone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
[ ] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 5 days given clinical improvement
( ) cefTRIAXone (ROCEPHIN) 1 g IV + levofloxacin (LEVAQUIN) 750 mg IV	<b>"And" Linked Panel</b>
[ ] cefTRIAXone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
[ ] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 5-7 days given clinical improvement
( ) If Penicillin Allergic - levofloxacin (LEVAQUIN) 750 mg IV + aztreonam (AZACTAM) 2 gram IV	<b>"And" Linked Panel</b>
[ ] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 5-7 days given clinical improvement
[ ] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract
( ) Suspected Pseudomonal Pneumonia (Single Response)	
( ) ceFEPime 2 g IV + levofloxacin 750 mg IV	
[ ] ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
[ ] levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 5-7 days given clinical improvement
( ) ceFEPime 2 g IV + azithromycin 500 mg IV	
[ ] ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
[ ] azithromycin (ZITHROMAX)	500 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 5 days given clinical improvement
( ) If Penicillin Allergic - levofloxacin 750 mg IV + tobramycin 5 mg/kg IV	

[ ] levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 5-7 days given clinical improvement
[ ] tobramycin 5 mg/kg IV [ ] tobramycin (TOBREX) 5 mg/kg IVPB	5 mg/kg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract
[ ] Pharmacy consult to dose tobramycin	STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Community-Acquired Pneumonia

#### If MRSA Suspected + MRSA PCR (Single Response)

- ( ) vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)

[ ] vancomycin (VANCOCIN)	20 mg/kg, intravenous, once, For 1 Doses Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
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[ ] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Community-Acquired Pneumonia
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[ ] MRSA PCR	Once For 1 Occurrences, Nares
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- ( ) If Vancomycin Allergic: linezolid 600 mg IV + MRSA PCR     "And" Linked Panel

[ ] linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
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[ ] MRSA PCR	Once For 1 Occurrences, Nares
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#### If Influenza highly suspected:

[ ] oseltamivir (TAMIFLU) capsule	75 mg, oral, 2 times daily Reason for Therapy:
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## VTE

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

URL: "\appt1.pdf"

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

- ( ) LOW Risk of DVT (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

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

## Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

### Moderate Risk (Selection Required)

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

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

- |   |  |
|---|--|
| ( ) Contraindications exist for mechanical prophylaxis      | Routine, Once<br>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 | <b>"And" Linked Panel</b> |
|---|---------------------------|

- |   |   |
|---|---|
| [ ] Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>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 | <b>"And" Linked Panel</b> |
|--|---------------------------|

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

- |  |  |
|--|--|
| [ ] Contraindications exist for mechanical prophylaxis | Routine, Once<br>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<br>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<br>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<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  |

( ) fondaparinux (ARIXTRA) injection

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

( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
( ) Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
[ ] 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 (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE Routine, Once

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

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

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

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

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

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

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

( ) fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1

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

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once
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[ ] 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):
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( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
( ) patients with CrCl LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCl LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection

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

( ) heparin (porcine) injection

5,000 Units, subcutaneous, every 8 hours

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)

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

( ) warfarin (COUMADIN) tablet

oral, daily at 1700

Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until discontinued, Starting S  
Indication:

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

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

[ ] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

URL: "\appt1.pdf"

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

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

#### [ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once
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#### [ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	"And" Linked Panel
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[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
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( ) Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
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<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) MODERATE Risk of DVT - Non-Surgical (Selection Required)	
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	
One or more of the following medical conditions:	
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	

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	<b>"And" Linked Panel</b>
[ ] 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	<b>"And" Linked Panel</b>
[ ] 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) <i>(Selection Required)</i>	
( ) 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:
( ) Mechanical Prophylaxis (Single Response) <i>(Selection Required)</i>	
( ) 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 *(Selection Required)*

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

[ ] High Risk <i>(Selection Required)</i>	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) <i>(Selection Required)</i>	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) <i>(Selection Required)</i>	
( ) 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
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily 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
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	

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

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

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

#### ( ) fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1

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

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

#### High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

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

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

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

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once
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[ ] 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):
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( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
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( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
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( ) Apixaban and Pharmacy Consult (Selection Required)

[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
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[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
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( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

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

## Labs

### Hematology/Coagulation

[ ] CBC with differential - STAT	STAT For 1 Occurrences
[ ] CBC with differential	Once
[ ] Prothrombin time with INR	Once
[ ] D-dimer, quantitative	Once

### Chemistry - HMH

[ ] Basic metabolic panel	Once
[ ] Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
[ ] Comprehensive metabolic panel	Once
[X] Influenza antigen	STAT For 1 Occurrences, Nasopharyngeal
[ ] Blood gas, arterial - STAT	STAT For 1 Occurrences
[ ] HIV Ag/Ab combination	Once
[ ] Cardiac Labs with Repeat	
[ ] Troponin I - STAT	STAT For 1 Occurrences
[ ] Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
[ ] Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
[ ] Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
[ ] Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
[ ] Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.

<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.
<b>Chemistry - HMSL/HMW</b>	
<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Influenza antigen	Once For 1 Occurrences, Nasopharyngeal
<input type="checkbox"/> Blood gas, arterial - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Rapid HIV 1 & 2	Once
<b>Cardiac Labs with Repeat</b>	
<input type="checkbox"/> Troponin I - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.

#### Chemistry - HMSTJ, HMTW, HMSJ, HMWB

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Influenza antigen	Once For 1 Occurrences, Nasopharyngeal
<input type="checkbox"/> Blood gas, arterial - STAT	STAT For 1 Occurrences
<input type="checkbox"/> HIV 1, 2 antibody	Once
<b>Cardiac Labs with Repeat</b>	
<input type="checkbox"/> Troponin I - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.

#### Microbiology

<input type="checkbox"/> Blood culture x 2	<b>"And" Linked Panel</b>
<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 C&S; Gram Stain is included in the Sputum Culture. Do not wait to give antibiotics if there is any delay in obtaining a sputum sample.
<input type="checkbox"/> AFB stain	Once, Sputum
<input type="checkbox"/> AFB culture	Once, Sputum

### Respiratory Pathogen Panel with COVID-19

<input type="checkbox"/> Respiratory Pathogen Panel with COVID-19	Once, Nasopharyngeal, Swab
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- This patient may require additional isolation. Please review current active isolation orders and add/change isolation as outlined in the recommendation below if necessary.

Current active isolation orders: @HMISOLATION@

Recommended isolation for COVID:

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

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

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

### Respiratory Pathogen Panel with COVID-19

<input type="checkbox"/> Respiratory Pathogen Panel with COVID-19 (Selection Required)	
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- Respiratory pathogen panel with COVID-19 Once, Nasopharyngeal, Swab

- Isolation (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

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

<input type="checkbox"/> Airborne isolation status	Include eye protection
<input type="checkbox"/> Contact isolation status	Include eye protection

## Cardiology

### 12-Lead ECG

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Shortness of Breath Interpreting Physician:
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## Imaging

### Diagnostic CT

<input type="checkbox"/> CT Chest Wo Contrast	Routine, 1 time imaging For 1
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### Diagnostic X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging For 1
<input type="checkbox"/> Chest 2 Vw	STAT, 1 time imaging For 1

## Consults

For Physician Consult orders use sidebar

### 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: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?