Admission Hematology/Oncology [1247]

General	
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.
() 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.

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() Outpatient in a bed - extended recovery	Bed request comments: Admitting Physician: Bed request comments:
Admission or Observation (Single Response) Patient has status order on file	

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

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

Surrogate Relation:

if (answer = 6. Primary Physician with Concurring

	Physician) A Biomedical Ethics Consult is recommended. I will consult with a second physician, listed below to co-sign this order. if (answer = 5. Nearest living relative (specify))
	Nearest living relative:
[] Treatment Restrictions	Modified Code restrictions: Treatment Restriction decision reached by: if (answer = Legal Surrogate) Name of Surrogate: Surrogate Relation: if (answer = 6. Primary Physician with Concurring Physician) A Biomedical Ethics Consult is recommended. I will consult with a second physician, listed below, to co-sign this order. if (answer = 5. Nearest living relative (specify)) Nearest living relative: Specify Treatment Restrictions: if (answer = Other Treatment Restrictions) Specify Other Treatment Restrictions:
Isolation	
[] Airborne isolation status	
[] Airborne isolation status[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test	Details Once, Sputum
for rapid diagnostics.	
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Neutropenic precautions	Details
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed: if (answer = Yes) Level: For: Time:
[] Seizure precautions	Increased observation level needed: if (answer = Yes) Level: For: Time:
Nursing	
Vital Signs	
[] Vital signs	Routine, Every shift
[] Pulse oximetry	Routine, Every 4 hours Current FIO2 or Room Air:
Activity	
[] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other:

Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
] Ambulate with assistance	Routine, 3 times daily
•	Specify: in hall, with assistance
	if (answer = with assistive device)
	Device:
	if (answer = other (specify))
	Specify:
	Out of room with mask on.
Nursing Care	
] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box)
	Reason for telemetry:
	if (answer = Other)
	Other:
	Can be off of Telemetry for tests and baths? Yes
	if (answer = No)
	Reason?
[] Telemetry Additional Setup Information	Routine, Continuous
	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
] Intake and output	Routine, Daily
Height and weight	Routine, Once
Daily weights	Routine, Daily
,, .	Every day at 6am
] Insert and maintain Foley	, ,
[] Insert Foley catheter	Routine, Once
-	Type:
	Size:
	Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S
	Orders: Maintain
] Gastric tube maintenance	Routine, Until discontinued, Starting S
	Drainage:
	if (answer = Place to suction)
	Type of Suction:
	Intervention:
	if (answer = Flush)
	Volume in milliliters:
	Frequency:
] Check residual per nursing protocol	Routine, Every 2 hours
1 Sheek lesidual pel Hulsilig plotowi	If on tube feeds, until evaluated by dietary. Call provider if
	greater than 200 milliliter.
1 No injections IM	
] No injections - IM	Routine, Until discontinued, Starting S
7 N	Type of injection: IM
] No rectal temperatures or suppositories	Routine, Until discontinued, Starting S Reason for "No" order:
IV Access	
Initiate and maintain IV	
[] Insert peripheral IV	Routine, Once

[] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
[] Ok to use - central line	Routine, Until discontinued, Starting S Device: Central Line
	if (answer = Other)
	Other:
	Including Portacath, PICC, and Hickman.
[] PICC insertion request	Routine, Once
	Unit call back number:
	Reason for PICC insertion:
[1] ID Conquit To Interventional Pedialogy	Transport Method: Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] IR Consult To Interventional Radiology	Routine, 1 time imaging, Starting 3 at 1.00 Aivi For 1
Notify	
[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S
[] , ,	Temperature greater than: 100.4
	Temperature less than:
	Systolic BP greater than: 150
	Systolic BP less than: 80
	Diastolic BP greater than: 100
	Diastolic BP less than: 50 MAP less than:
	MAP less than: Heart rate greater than (BPM): 130
	Heart rate less than (BPM):
	Respiratory rate greater than: 25
	Respiratory rate less than: 10
	SpO2 less than: 90
[] Notify Provider of admission and room number	Routine, Once For 1 Occurrences, of admission and room
	number.
Diet	
[] Diet - Regular	Diet effective now, Starting S
	Diet(s): Regular
	if (answer = IDDSI/Dysphagia)
	IDDSI Solid Consistency:
	if (answer = Other Diabetic/Cal)
	Diabetic/Calorie:
	if (answer = Other Protein) Protein:
	if (answer = Bariatric)
	Bariatric:
	if (answer = Cultural/Special)
	Cultural/Special:
	Advance Diet as Tolerated?
	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	IDDSI Liquid Consistency: Fluid Restriction:
	Foods to Avoid:
Diet - Clear liquids	Diet effective now, Starting S
[] Diet Glear inquiae	Diet(s): Clear Liquids
	if (answer = IDDSI/Dysphagia)
	IDDSI Solid Consistency:
	if (answer = Other Diabetic/Cal)
	Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Bariatric) Bariatric:
	if (answer = Cultural/Special)
	Cultural/Special:
	Advance Diet as Tolerated?

	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
11 B' (E III') 1	Foods to Avoid:
[] Diet - Full liquids	Diet effective now, Starting S
	Diet(s): Full Liquids
	if (answer = IDDSI/Dysphagia)
	IDDSI Solid Consistency:
	if (answer = Other Diabetic/Cal) Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Bariatric)
	Bariatric:
	if (answer = Cultural/Special)
	Cultural/Special:
	Advance Diet as Tolerated?
	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet - Easy to digest (GERD)	Diet effective now, Starting S
[] Dist Easy to algost (SENS)	Diet(s): Easy to digest (GERD)
	if (answer = IDDSI/Dysphagia)
	IDDSI Solid Consistency:
	if (answer = Other Diabetic/Cal)
	Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Bariatric)
	Bariatric:
	if (answer = Cultural/Special)
	Cultural/Special:
	Advance Diet as Tolerated?
	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
II Dist Newton only	Foods to Avoid:
[] Diet - Neutropenic	Diet effective now, Starting S
	Diet(s): Neutropenic/Low Bacteria
	if (answer = IDDSI/Dysphagia)
	IDDSI Solid Consistency:
	if (answer = Other Diabetic/Cal) Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Bariatric)
	Bariatric:
	if (answer = Cultural/Special)
	Cultural/Special:
	Advance Diet as Tolerated?
	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
I and the second	1 0000 to / troid.

[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options: if (answer = Other)
	Specify:
[] Tube feeding	Diet effective now, Starting S
	Tube Feeding Formula:
	if (answer = Special Order)
	Special orders are not guaranteed, will be evaluated for
	appropriateness and availability. When possible, an equivalent
	product on formulary will be used.
	Tube Feeding Formula: Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Schedule:
	if (answer = Continuous)
	Rate Based or Volume Based Feeding?
	if (answer = Rate Based Feeding)
	Tube Feeding Route: Initial Tube Feed rate (mL/hr):
	Initial Feeding rate (mL/hr):
	Advance Rate by (mL/hr):
	if (answer = 10 mL/hr) Or (answer = 15 mL/hr) Or
	(answer = 20 mL/hr) Or (answer = 25 mL/hr) Or (answer = 30 mL/hr)
	Every (Specify) Hr(s):
	if (answer = Other)
	Specify:
	Goal Tube Feed Rate (mL/hr):
	if (answer = Volume Based Feeding (For Certain ICUs Only))
	Tube Feeding Route:
	if (answer = Nasoenteric)
	Rationale:
	Initial Tube Feed rate (mL/hr):
	Initial Feeding rate (mL/hr):
	Goal Tube Feed Rate (mL/hr): Total Fluid Volume in 24 Hours (mL):
	if (answer = Bolus)
	Bolus Route:
	Tube Feeding Bolus (mL):
	Additional Bolus Schedule Instructions:
	if (answer = Cyclic)
	Tube Feeding Route:
	Tube Feeding Cyclic (start / stop time):
	Tube Feeding Cyclic Rate (mL/hr): Tube Feeding Schedule:
	if (answer = Continuous)
	Tube Feeding Route:
	Initial Feeding rate (mL/hr):
	Initial Tube Feed rate (mL/hr):
	Advance Rate by (mL/hr):
	if (answer = 10 mL/hr) Or (answer = 15 mL/hr) Or
	(answer = 20 mL/hr) Or (answer = 25 mL/hr) Or (answer = 30
	mL/hr)
	Every (Specify) Hr(s):
	if (answer = Other) Specify:
	Goal Tube Feed Rate (mL/hr):
	Goal Feeding Rate (mL/hr):
I and the second	

Dose Limit (mL):
if (answer = Bolus)
Bolus Route:
Tube Feeding Bolus (mL):
Feeding rate (mL/hr):
Additional Bolus Schedule Instructions:
Dose Limit (mL):
if (answer = Cyclic)
Tube Feeding Route:
Tube Feeding Cyclic (start / stop time):
Tube Feeding Cyclic Rate (mL/hr):
Feeding Rate (mL/hr):
Dose Limit (mL):
Dietitian to manage Tube Feed?

	Dietitian to manage Tube Feed?
IV Fluids	
IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	100 mL/hr, intravenous, continuous
() dextrose 5% 1000 mL with sodium acetate 100 mEq injection	100 mL/hr, intravenous, continuous Per HM policy, sodium chloride infusions GREATER THAN 0.9% require an independent double check on administration. Does this infusion contain greater than 0.9% (154 mEq/L) of sodium chloride?
() sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	100 mL/hr, intravenous, continuous
() Custom IV Fluid	100 mL/hr, intravenous, continuous Per HM policy, sodium chloride infusions GREATER THAN 0.9% require an independent double check on administration. Does this infusion contain greater than 0.9% (154 mEq/L) of sodium chloride?
Medications	
Pharmacy Consults	
[X] Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S For Until specified Adjust dose for:
Restricted Medications	
[] No NSAIDs EXcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
[] No NSAIDs INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
[] No anti-platelet agents EXcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
[] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
Medications Oral	
[] famotidine (PEPCID) tablet	20 mg, oral, 2 times daily
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy: if (answer = Other (Specify)) Specify:
[] acyclovir (ZOVIRAX) capsule	400 mg, oral, 2 times daily Reason for Therapy: if (answer = Viral Infection Suspected) Indication: if (answer = Viral Infection Documented) Indication: if (answer = Other) Specify:

[1] allonurinal (7)/LODDIM) table	200 mg a ral da!!:
[] allopurinol (ZYLOPRIM) tablet	300 mg, oral, daily
[] clotrimazole (MYCELEX) troche	10 mg, buccal, 4 times daily
[] (001,405)	Dissolve in mouth
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
[] fluconazole (DIFLUCAN) tablet	200 mg, oral, daily
	Reason for Therapy:
	if (answer = Fungal Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Fungal Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Other)
	Specify:
[] levofloxacin (LEVAQUIN) tablet	500 mg, oral, daily at 0600
,	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
[] nystatin (MYCOSTATIN) suspension	5 mL, oral, every 4 hours
[] Hystatii (WFCOSTATIN) suspension	
	Reason of Therapy:
	if (answer = Other)
	Specify:
	if (answer = Fungal Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Fungal Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
[] valACYclovir (VALTREX) tablet	500 mg, oral, daily
	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
[] posaconazole (NOXAFIL) tablet	300 mg, oral, 2 times daily with meals
· · ·	RESTRICTED to Infectious Diseases (ID) and
	Hematology/Oncology (Heme/Onc) specialists. Are you an
	ID or Heme/Onc specialist or ordering on behalf of one?
	if (answer = I am ordering on behalf of an approved
	provider)
	Name of Approved Provider:
	if (answer = NO)
	HM Policy Alert:
	if (answer = Formulary policy override (pharmacist use
	only))
	RX only: Provide name of secondary pharmacist who
	provided authorization and open a "Formulary Policy Override"
	i-Vent:
	Reason for Therapy:
	if (answer = Other)

	Specify:
	if (answer = Fungal Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	Authorizing ID:
	if (answer = Other)
	Specify:
	<pre>if (answer = Fungal Infection Suspected) Indication:</pre>
	if (answer = Other)
	Specify:
	Authorizing ID:
	if (answer = Other)
	Specify:
Constipation - NOT HMSJ	
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
[] polyethylene glycol (MIRALAX) packet	17 g, oral, daily
[] bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation
] senna (SENOKOT) tablet	1 tablet, oral, 2 times daily PRN, constipation, stool softening
[] sennosides-docusate sodium (SENOKOT-S) 8.6	-50 mg 1 tablet, oral, daily PRN, constipation
pertablet	00
[] magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation
Constipation - HMSJ Only	
docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
[] polyethylene glycol (MIRALAX) packet	17 g, oral, daily
[] bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation
sennosides-docusate sodium (SENOKOT-S) 8.6 per tablet	-50 mg 1 tablet, oral, daily PRN, constipation
[] magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation
Medications PRN	
[] benadryl/lidocaine/maalox (MAGIC MOUTHWAS suspension	5 mL, Swish & Spit, every 4 hours PRN, mucositis
Antiemetics PRN	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Ref [X] ondansetron ODT (ZOFRAN-ODT)	quired) "Or" Linked Panel 4 mg, oral, every 8 hours PRN, nausea, vomiting
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
	Give if patient is UNable to tolerate oral medication OR if a faster onset of
[] promethazine (PHENERGAN) IV or Oral or Recta	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IV or Oral or Recta	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. al "Or" Linked Panel
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
'	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
[] promethazine (PHENERGAN) 12.5 mg IV	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate
[] promethazine (PHENERGAN) 12.5 mg IV [] promethazine (PHENERGAN) tablet	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) 12.5 mg IV	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. I Cr" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
[] promethazine (PHENERGAN) 12.5 mg IV [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting
[] promethazine (PHENERGAN) 12.5 mg IV [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository Antiemetics PRN	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[] promethazine (PHENERGAN) 12.5 mg IV [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository Antiemetics PRN [X] ondansetron (ZOFRAN) IV or Oral (Selection Recognitions)	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. quired) "Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg IV [] promethazine (PHENERGAN) tablet	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerat oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
] _promethazine (PHENERGAN) IVPB or Oral or R	· · · · · · · · · · · · · · · · · · ·
[] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
/TE	
OVT Risk and Prophylaxis Tool (Single Response	e) (Selection Required) URL: "\appt1.pdf"
 Patient currently has an active order for theraper anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required) 	ification
 () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) 	
[] Moderate risk of VTE	Routine, Once
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:
[] Place sequential compression device (Single	
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 - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)	
[] Moderate risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:
[] Place sequential compression device (Single	
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 - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)	
[] High risk of VTE	Routine, Once

[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:
[] Place sequential compression device (Single	
() 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 - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other)
	Other anticoagulant therapy:
 Place sequential compression device (Single Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following
() Place/Maintain sequential compression device continuous	contraindication(s): Routine, Continuous
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	red)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() MODERATE Risk of DVT - Surgical (Selection R	equired)
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 [] Moderate Risk Pharmacological Prophylaxis - 	
Patient (Single Response) (Selection Required	
 () Contraindications exist for pharmacologic pro BUT 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 pro 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 Res (Selection Required)	sponse)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1
		For Patients with CrCL LESS than 30 mL/min
()	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than
		mL/min
() 1	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
()	,	If the patient does not have a history of or suspected case of
		Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
		Contraindicated in patients LESS than 50kg, prior to surgery/invasive
		procedure, or CrCl LESS than 30 mL/min.
		This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LES
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() '	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
		Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR)) Target INR:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
,		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:
_	flechanical Prophylaxis (Single Response) (Se Required)	election
	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
	Place/Maintain sequential compression device continuous	Routine, Continuous

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) (Selec Required)	
() Contraindications exist for pharmacologic prop Order Sequential compression device	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	ohylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND 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.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.

() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR))
	Target INR:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
,	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	\ \
HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
Severe fracture of hip, pelvis or leg	nyelopiolita ative disorders)
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 - Surgi (Single Response) (Selection Required)	ical Patient
() Contraindications exist for pharmacologic	Routine, Once
 () Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following
	No pharmacologic VTE prophylaxis due to the following contraindication(s):
prophylaxis () enoxaparin (LOVENOX) injection (Single Res	No pharmacologic VTE prophylaxis due to the following contraindication(s):
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required)	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 2.5 mg, subcutaneous, daily, Starting S+1
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 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
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 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 medicatior Contraindicated in patients LESS than 50kg, prior to surgery/invasive
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 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.
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 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
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () fondaparinux (ARIXTRA) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 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):
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () fondaparinux (ARIXTRA) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended)	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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
() enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 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 medicatior 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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.
() enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () HEParin (porcine) injection - For Patients	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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. 7,500 Units, subcutaneous, every 8 hours, Starting S+1
() enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS 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 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
[] Mechanical Prophylaxis (Single Response) (S	Selection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() HIGH Risk of DVT - Non-Surgical (Selection Re	quired)
High Risk Definition	
Both pharmacologic AND mechanical prophylax	is 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-S	Surgical
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S
	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
()	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
' · · · · · · · · · · · · · · · · · · ·	D 40 (40

() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
[] Mechanical Prophylaxis (Single Response) (S Required)	Selection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) HIGH Risk of DVT - Surgical (Hip/Knee) (Select	ion
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylax	
One or more of the following medical conditions	
	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia;	myeloproliterative 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	
Thotory of T L	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip	
(Arthroplasty) Surgical Patient (Single Respo	
(Selection Required)	•
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
1,	No pharmacologic VTE prophylaxis due to the following contraindication(s):

[] High Nok (Ocicetion Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip of	or Knee
(Arthroplasty) Surgical Patient (Single Respon-	se)
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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 F	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
	if (answer = Other: Specify)
	Specify Other Indication:
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
	if (answer = Other: Specify)
	Specify Other Indication:
() enoxaparin (LOVENOX) injection (Single Res	sponse)
(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	30 mg, subcutaneous, daily at 0600, Starting S+1
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.

	enoxaparin (LOVENOX) syringe - For 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
()	enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	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.
	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg Rivaroxaban and Pharmacy Consult (Selection	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
	Required)	ı
[]	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
	admission	if (answer = Other: Specify) Specify Other Indication:
	Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
''	(XARELTO) therapy	Indications: VTE prophylaxis
		if (answer = Other: Specify) Specify Other Indication:
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR)) Target INR:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
		if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR)) Target INR:
	Nechanical Prophylaxis (Single Response) (Sel 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 Ri	sk and Prophylaxis Tool (Single Response)	(Selection Required) URL: "\appt1.pdf"
anti	ient currently has an active order for therapeuticoagulant or VTE prophylaxis with Risk Stratificagle Response) (Selection Required)	
() N	Moderate Risk - Patient currently has an active herapeutic anticoagulant or VTE prophylaxis (S	
	Required) Moderate risk of VTE	Routine, Once

1 Datient ourrently has an active ander for	
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
	if (answer = Other)
	Other anticoagulant therapy:
] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
Moderate Risk - Patient currently has an activ	
therapeutic anticoagulant or VTE prophylaxis Required)	
Moderate risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
	if (answer = Other)
	Other anticoagulant therapy:
Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
High Risk - Patient currently has an active ord	ler for
therapeutic anticoagulant or VTE prophylaxis	
Required)	
Required)] High risk of VTE	Routine, Once
Required)	
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other)
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: e Response) Routine, Once No mechanical VTE prophylaxis due to the following
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: e Response) Routine, Once
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous ler for (Selection Routine, Once Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous ler for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous ler for (Selection Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous Ref for (Selection Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other)
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous Per for (Selection Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous Per for (Selection Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous Per for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous Per for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once No mechanical VTE prophylaxis due to the following
Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous Per for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once

[] Low Risk (Single Response) (Selection Re	equired)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
A MODERATE District DATE Organisation (Onleading	- Description d

() 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 - S	
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic prop	phylaxis "And" Linked Panel
BUT order Sequential compression device	Douting Once
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
propriyiaxis	contraindication(s):
Place/Maintain sequential compression	Routine, Continuous
device continuous	
Contraindications exist for pharmacologic propagation AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1
(,	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
() Toridaparillux (ANIX INA) injection	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced

Thrombocytopenia (HIT):

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR)) Target INR:
[1] Machanical Prophylavis (Single Pospense) (S	
[] Mechanical Prophylaxis (Single Response) (S Required)	Selection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	reduite, continuous
() MODERATE Risk of DVT - Non-Surgical (Selec	tion
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	
	nmation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	se, 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 ho	ours
Less than fully and independently ambulatory	
Estrogen therapy Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
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) (Sele	
Required)	
() Contraindications exist for pharmacologic pr	ophylaxis - "And" Linked Panel
Order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression	Routine, Continuous
device continuous	
() Contraindications exist for pharmacologic pr	ophylaxis "And" Linked Panel
AND mechanical prophylaxis	Doubling Once
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
Contraindications exist for mechanical	contraindication(s): Routine, Once
[] Contraindications exist for mechanical	No mechanical VTE prophylaxis due to the following

contraindication(s):

() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 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.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() HIGH Risk of DVT - Surgical (Selection Required)	
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgio	
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 () heparin (porcine) injection (Recommended 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.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
() HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-Spatient (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 Res (Selection Required)	ponse)
() 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 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.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.

	() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
	() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
	HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio Required)	
_	Address both pharmacologic and mechanical prop	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[High Risk (Selection Required) High risk of VTE	Routine, Once
Ī	 High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) 	r Knee
	() 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() Apixaban and Pharmacy Consult (Selection R	162 mg, oral, daily, Starting S+1
	[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:
	[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:
	() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
	() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
	() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
	() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and 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.

) HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
) Rivaroxaban and Pharmacy Consult (Selecti Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	Indications: VTE prophylaxis if (answer = Other: Specify)
damiosion	Specify Other Indication:
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
	if (answer = Other: Specify)
) work owing (COLINAN DINI) to blot	Specify Other Indication:
) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
) <u>Di</u>	Target INR:
) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
(COUMADIN)	Indication: if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
Risk and Prophylaxis Tool (Single Response	e)
	URL: "\appt1.pdf"
Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strat Single Response) (Selection Required) Moderate Risk - Patient currently has an activ	ification
therapeutic anticoagulant or VTE prophylaxis Required)	
] Moderate risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
	if (answer = Other)
	Other anticoagulant therapy:
	other artife against the tapy.
Place sequential compression device (Single	e Response)
() Contraindications exist for mechanical	Response) Routine, Once
	Response) Routine, Once No mechanical VTE prophylaxis due to the following
() Contraindications exist for mechanical prophylaxis	e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) Moderate risk of VTE	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous re order for (Selection Routine, Once
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) Moderate risk of VTE Patient currently has an active order for	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous re order for (Selection Routine, Once Routine, Once
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous re order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) Moderate risk of VTE Patient currently has an active order for	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)] Moderate risk of VTE] Patient currently has an active order for therapeutic anticoagulant or VTE	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous re order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)] Moderate risk of VTE] Patient currently has an active order for therapeutic anticoagulant or VTE	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] prophylaxis [] Place sequential compression device (Single)	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous re order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)] Moderate risk of VTE] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis prophylaxis] Place sequential compression device (Single () Contraindications exist for mechanical	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous re order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Response) Routine, Once
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis prophylaxis Place sequential compression device (Single)	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous re order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:

() High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis	
Required)	
[] High risk of VTE	Routine, Once
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
	if (answer = Other)
[] Place sequential compression device (Single	Other anticoagulant therapy:
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:
[] Place sequential compression device (Single	
() 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
() LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requi	ired)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() MODERATE Risk of DVT - Surgical (Selection R	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:	
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line	nmation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy	urs
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 - Patient (Single Response) (Selection Require	Surgical

[1	BUT order Sequential compression device Contraindications exist for pharmacologic	Routine, Once
[]	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Place/Maintain sequential compression device continuous	Routine, Continuous
	Contraindications exist for pharmacologic pro 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 Res (Selection Required)	· /
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
()	patients weight between 100-139 kg AND 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 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 CRITICA Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER th
٠,	fondaparinux (ARIXTRA) injection	mL/min 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 medic Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<u>′ \</u>	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 LE than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
F	Mechanical Prophylaxis (Single Response) (Se Required)	
	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindicatio
٠,	Place/Maintain sequential compression device continuous	Routine, Continuous

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 GRÉATER 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 -	Troduino, oneo
Non-Surgical Patient (Single Response) (Selection	ction
Required)	
() Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND 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.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.

() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR))
	Target INR:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
(======================================	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	ant mutations, anticardialinin antibody a maken as antithrombia protein C
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg	ryeloproliterative disorders)
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
Thotoly of the	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgi	<u> </u>
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
1 1 7	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1
	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	TOTT ALIENTS WILL CICE LEGG THAT 30 HILD THAT
	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
() patients weight 140 kg or GREATER AND	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 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
	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 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
() patients weight 140 kg or GREATER AND	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 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
() patients weight 140 kg or GREATER AND	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 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
() patients weight 140 kg or GREATER 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 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 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
() patients weight 140 kg or GREATER 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 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 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
() patients weight 140 kg or GREATER 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 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 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
() patients weight 140 kg or GREATER 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 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 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.
() patients weight 140 kg or GREATER 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 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 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
() patients weight 140 kg or GREATER 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 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 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):
() patients weight 140 kg or GREATER 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 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 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
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection	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 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection	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 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	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 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	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 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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.
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	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 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 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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

() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
[] Mechanical Prophylaxis (Single Response) (Single Response)	Selection
() 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 Re	quired)
High Risk Definition	
Both pharmacologic AND mechanical prophylax One or more of the following medical conditions	
	ariant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia;	
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 - Nor	
Patient (Single Response) (Selection Require	ed)

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND 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.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
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() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
(OOOMADIIV)	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
[] Mechanical Prophylaxis (Single Response) (
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	tion
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophyla	kis must be addressed.
One or more of the following medical conditions	
	ariant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia;	myeloproliferative disorders)
Severe fracture of hip, pelvis or leg	,,
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
,	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip	
(Arthroplasty) Surgical Patient (Single Respo	onse)
(Arthroplasty) Surgical Patient (Single Response (Selection Required)	onse)
(Arthroplasty) Surgical Patient (Single Respo	nnse) Routine, Once
(Arthroplasty) Surgical Patient (Single Response (Selection Required)	, <u> </u>
(Arthroplasty) Surgical Patient (Single Response (Selection Required) () Contraindications exist for pharmacologic	Routine, Once
(Arthroplasty) Surgical Patient (Single Response)(Selection Required)() Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following

[] Highlisk of VIE	Rodine, Once		
[] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respon (Selection Required)			
() Contraindications exist for pharmacologic	Routine, Once		
prophylaxis	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		
	if (answer = Other: Specify)		
	Specify Other Indication:		
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S		
(ELIQUIS) therapy	Indications: VTE prophylaxis		
	if (answer = Other: Specify)		
	Specify Other Indication:		
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)		
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1		
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1		
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, daily at 0600, Starting S+1		
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.		

11 ()	: // O) /ENO)/) : E	00 L 1
	enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Patients weight between 100-139 kg and	Starting S+1
	CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
		mL/min.
	enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Patients weight between 140 kg or	Starting S+1
	GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min	mL/min
() to	ondaparinux (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):
() he	eparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	eparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	or patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	eight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	EParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	ith weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
	ivaroxaban and Pharmacy Consult (Selectio	
\ /	equired)	11
	ivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
	knee arthroplasty planned during this	Indications: VTE prophylaxis
	admission	if (answer = Other: Specify)
		Specify Other Indication:
[] [] [Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
	(XARELTO) therapy	Indications: VTE prophylaxis
	, · · ·	if (answer = Other: Specify)
		Specify Other Indication:
() wa	arfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
		Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
() -		Target INR:
() PI	harmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(c	COUMADIN)	Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR))
		Target INR:
[] Mo	chanical Prophylaxis (Single Response) (Se	
	quired)	SIECTION I
	ontraindications exist for mechanical	Routine, Once
\ /	rophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	lace/Maintain sequential compression	Routine, Continuous
' '	evice continuous	Troduino, Contanuous
'		
Labs		
Hematol	ogy	
[] CBC	with differential	Once
[] Reticu	ulocyte count	Once
	•	
Coagulat	tion	
[] D-dim	ner, quantitative	Once
[] Fibrin		Once
	al thromboplastin time	Once
	rombin time with INR	Once

Chemistry	
Basic metabolic panel	Once
[] Comprehensive metabolic panel	Once
[] Hepatic function panel	Once
[] Hepatitis B core antibody, total	Once
[] Hepatitis B surface antibody	Once
[] Hepatitis B surface antigen	Once
[] Lactate dehydrogenase, LDH	Once
[] Magnesium	Once
[] Phosphorus	Once
[] Uric acid	Once
Urine	
[] hCG qualitative, urine	Once
Microbiology	
[] Urinalysis screen and microscopy, with reflex to	
	Specimen Source: Urine
	Specimen Site:
[] Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood
	Collect before antibiotics given. Blood cultures should be ordered x2, with
	each set drawn from a different peripheral site. If unable to draw both
	sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[1] Placed Culture (Aerobia & Apparabia)	
[] 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.
[] Sputum culture	Once, Sputum
Blood Bank	
[] Type and screen	
[] Type and screen	Once, Blood Bank
[] ABO and Rh confirmation	Once, Blood Bank Confirmation
AM Labs X 3 Days	
[] CBC with differential	AM draw repeats, Starting S+1 For 3 Occurrences
Basic metabolic panel	AM draw repeats, Starting S+1 For 3 Occurrences
Magnesium	AM draw repeats, Starting S+1 For 3 Occurrences
[] Phosphorus	AM draw repeats, Starting S+1 For 3 Occurrences
[] Calcium	AM draw repeats, Starting S+1 For 3 Occurrences
Hepatic function panel	AM draw repeats, Starting S+1 For 3 Occurrences
The state of the s	AM draw repeats, Starting S+1 For 3 Occurrences
Lactate dehydrogenase, LDH	AM draw repeats, Starting S+1 For 3 Occurrences
	1 , 3
Cardiology	
Imaging	
MRI/MRA	
MRI Brain W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
CT Head/Sinus	
[] CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Sinus Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
11 C. Cilido II C COllidot	Troduito, Fundamaging, Junuing Juli 1.007 Will Of I

1 CT Chest W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
TOT Chest W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1
The Street We Contrast And Abdomen W Wo Contrast Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
CT Abdomen	
] CT Abdomen W Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the p	panel with Readi-Cat (barium sulfate).
[] CT Abdomen W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
] CT Abdomen WO Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the p	anel with Readi-Cat (barium sulfate).
[] CT Abdomen Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
] CT Abdomen WO Contrast (Readi-Cat)	"And" Linked Panel
Ordered as secondary option for those with iodine	e allergies.
[] CT Abdomen Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] barium (READI-CAT 2) 2.1 % (w/v), 2.0 %	450 mL, oral, once in imaging, contrast
(w/w) suspension CT Pelvis W Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the p	
[] CT Pelvis W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] iohexol (OMNIPAQUE) 300 mg iodine/mL	30 mL, oral, once
oral solution	
(-Ray	
Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
luclear Medicine	
luclear Medicine NM Bone Scan Whole Body	Routine, 1 time imaging, Starting S at 1:00 AM For 1
	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1
NM Bone Scan Whole Body	
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body	Routine, 1 time imaging, Starting S at 1:00 AM For 1
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body Other Studies	Routine, 1 time imaging, Starting S at 1:00 AM For 1
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body Other Studies Respiratory	Routine, 1 time imaging, Starting S at 1:00 AM For 1
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body Other Studies Respiratory Oxygen Therapy	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, Continuous
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body Other Studies Respiratory Oxygen Therapy	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, Continuous Device: Nasal Cannula
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body Other Studies Respiratory Oxygen Therapy	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, Continuous
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body Other Studies Respiratory Oxygen Therapy	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, Continuous Device: Nasal Cannula if (answer = Nasal Cannula) Rate in liters per minute: Titrate to keep O2 Sat Above:
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body Other Studies Respiratory Oxygen Therapy	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, Continuous Device: Nasal Cannula if (answer = Nasal Cannula) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify))
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body Other Studies Respiratory Oxygen Therapy	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, Continuous Device: Nasal Cannula if (answer = Nasal Cannula) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above:
NM Lung Ventilation Perfusion	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, Continuous Device: Nasal Cannula if (answer = Nasal Cannula) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = Simple Face Mask) Rate in liters per minute:
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body Other Studies Respiratory Oxygen Therapy	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, Continuous Device: Nasal Cannula if (answer = Nasal Cannula) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = Simple Face Mask) Rate in liters per minute: Titrate to keep O2 Sat Above:
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body Other Studies Respiratory Oxygen Therapy	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, Continuous Device: Nasal Cannula if (answer = Nasal Cannula) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = Simple Face Mask) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify))
NM Bone Scan Whole Body NM Lung Ventilation Perfusion PET CT Whole Body Other Studies Respiratory Oxygen Therapy	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, Continuous Device: Nasal Cannula if (answer = Nasal Cannula) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = Simple Face Mask) Rate in liters per minute: Titrate to keep O2 Sat Above:

```
Titrate to keep O2 Sat Above:
     if (answer = Other (Specify))
        Specify titration to keep O2 Sat (%) Above:
 if (answer = T-piece) Or (answer = Aerosol Mask) Or
(answer = Face Tent) Or (answer = Trach Collar)
    O2 %:
     if (answer = Other (Specify))
       Specify O2 %:
    Titrate to keep O2 Sat Above:
     if (answer = Other (Specify))
        Specify titration to keep O2 Sat (%) Above:
 if (answer = Venturi Mask)
   FiO2:
     if (answer = Other (Specify))
       Specify O2 %:
    Titrate to keep O2 Sat Above:
     if (answer = Other (Specify))
       Specify titration to keep O2 Sat (%) Above:
 if (answer = Other (Specify))
    Specify:
    Titrate to keep O2 Sat Above:
     if (answer = Other (Specify))
        Specify titration to keep O2 Sat (%) Above:
 if (answer = High Flow Nasal Cannula (HFNC))
    Rate in liters per minute:
  if (answer = Heated High Flow Nasal Cannula (Heated
HFNC))
    Rate in liters per minute:
     if (answer = Other (Specify))
       Specify Flowrate (Lpm):
     if (answer = Other (Specify))
       Specify O2 %:
Rate in liters per minute: 2 lpm
Rate in tenths of a liter per minute:
O2 %:
 if (answer = Other (Specify))
    Specify O2 %:
Titrate to keep O2 Sat Above: 92%
 if (answer = Other (Specify))
    Specify titration to keep O2 Sat (%) Above:
Indications for O2 therapy: Hypoxemia
 if (answer = Other)
    Specify:
```

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Consult to Case Management

Consult Reason:

if (answer = Other specify)
Specify:
if (answer = Home Health)
Face-to-Face Date:
Reasons for Home Health Care:
Home Health Services:
if (answer = Skilled Nursing Evaluation & Treatment)
Times per week:
For:
Days/Week/Weeks:
if (answer = Physical Therapy Evaluation & Treatment)

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(PT) Times per week:
       For:
       Days/Week/Weeks:
     if (answer = Occupational Therapy Evaluation &
Treatment)
       Times per week:
       For:
       Days/Week/Weeks:
     if (answer = Speech Language Pathology Evaluation &
Treatment)
       Times per week:
       For:
       Days/Week/Weeks:
     if (answer = Social Worker)
       Times per week:
       For:
       Days/Week/Weeks:
     if (answer = Home Health Aide)
       Times per week:
       For:
       Days/Week/Weeks:
     if (answer = Home Infusion)
       IV infusion needs:
         if (answer = Labs)
         IV Infusion Labs:
         Every:
         Lab results called to:
         if (answer = IV Fluids)
         Solution:
         How often:
         Start date:
         Stop date:
         if (answer = Antibiotics)
         Antibiotic(s), please list:
         Start date:
         Stop date:
     if (answer = Nutritional Supplies)
       Nutritional DME:
         if (answer = Bolus feeding)
         Rate:
         Formula:
         if (answer = Continuous feeding)
         Rate:
         Formula:
     if (answer = Home Wound Care)
       Wound care questions:
         if (answer = Dressing Instructions)
         How often:
         Clean with:
         Cover with:
         Duration:
         if (answer = Pleurx)
         PleurX choices:
         Change every:
         PleurX Duration:
         if (answer = Wound vac)
         Change how often:
         Pressure (mmHg):
         Therapy Settings:
           if (answer = Other)
           Specify:
           if (answer = Dynamic Pressure Control)
           DCP Ratio:
         Intensity:
```

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

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

Energy (joules): VT Threshold (BPM): VF Threshold (BPM): Reason for LifeVest (select one): if (answer = Other condition with high risk of VT/VF) Other: Type of DME: if (answer = Mobility Aids) MOBILITY AIDS: Per Payer requirements; only ONE Mobility Aid may be chosen from this list: if (answer = Walkers (With 5 inch Wheels)) Walkers (With 5 inch wheels): if (answer = Walkers (Without Wheels)) Walkers (Without Wheels): if (answer = Wheelchair) Wheelchair: if (answer = Canes) Canes: if (answer = Crutches) Crutches: if (answer = 3 in 1 Bedside Commode) 3-in-1 Bedside Commode: if (answer = Respiratory Equipment) Oxygen: if (answer = O2 Portable Gas) Continuous or PRN Oxygen: O2 Duration: O2 Sat on Room Air, at Rest %: O2 Sat on Room Air, During Exertion %: O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%): O2 Device: O2 Flowrate (L/Min) Setting: INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms: if (answer = Lung Disease Diagnosis) INDICATIONS for Ordering Oxygen: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms -Lung Disease Diagnosis: if (answer = Hypoxia Related Symptoms) Hypoxia Related Symptoms: if (answer = Nebulizer) Nebulizer Med: if (answer = Albuterol) Albuterol dose: if (answer = Xopenex) Xopenex dose: if (answer = Mucomyst) Mucomyst dose: if (answer = Atrovent) Atrovent dose: INDICATIONS for Ordering Nebulizer: Must enter Lung Disease or Hypoxia Related Symptoms: if (answer = Lung Disease Diagnosis) INDICATIONS for Ordering Nebulizer: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms -Lung Disease Diagnosis: if (answer = Hypoxia Related Symptoms) Hypoxia Related Symptoms: if (answer = Trach supplies) Type: Size of tube: if (answer = Home ventilator) Home ventilator settings:

```
if (answer = CPAP)
                                                                         Pressure:
                                                                         if (answer = BIPAP)
                                                                         IPAP:
                                                                         EPAP:
                                                                         if (answer = O2 Bleed in Rate)
                                                                         Liter flow:
                                                                         if (answer = Portable O2 Generator)
                                                                         Continuous or PRN Oxygen:
                                                                         O2 Duration:
                                                                         O2 Sat on Room Air, at Rest %:
                                                                         O2 Sat on Room Air, During Exertion %:
                                                                         O2 Sat on Oxygen with Exertion % demonstrates
                                                               improvement (above 88%):
                                                                         O2 Device:
                                                                         O2 Flowrate (L/Min) Setting:
                                                                         INDICATIONS for Ordering Oxygen: Must enter
                                                               Lung Disease or Hypoxia Related Symptoms:
                                                                           if (answer = Lung Disease Diagnosis)
                                                                           INDICATIONS for Ordering Oxygen: Must enter
                                                               Lung Disease Diagnosis or Hypoxia Related Symptoms -
                                                               Lung Disease Diagnosis:
                                                                           if (answer = Hypoxia Related Symptoms)
                                                                           Hypoxia Related Symptoms:
                                                                     if (answer = Hospital Bed)
                                                                       Hospital Bed:
                                                                         if (answer = Gel Overlay)
                                                                         Indicate which of the following conditions describe
                                                               the patient. Answer all that apply:
                                                                         if (answer = Alternating Pressure Mattress)
                                                                         Indicate which of the following conditions describe
                                                               the patient. Answer all that apply:
                                                                         if (answer = Low Air Loss Mattress)
                                                                         Additional Medical Information - select all that apply:
                                                                         if (answer = Semi-Electric Hospital Bed with Split
                                                               Siderails)
                                                                         Pressure ulcer - check all that apply:
                                                                         if (answer = Semi-Electric Hospital Bed with Full
                                                               Rails)
                                                                         Pressure ulcer - check all that apply:
                                                                     if (answer = Other Equipment (specify))
                                                                       Other Equipment:
                                                                         if (answer = Other (specify))
                                                                         if (answer = Diabetic supplies)
                                                                         Diabetic supplies:
                                                                   Face-to-Face Date:
                                                                   Clinical Findings:
                                                                     if (answer = Other:)
                                                                       Other Clinical Findings:
                                                                   Special Instructions:
[] Consult to Social Work
                                                               Reason for Consult:
                                                                 if (answer = Other Specify)
                                                                   Specify:
                                                                 if (answer = Hospice Referral)
                                                                   Evaluate for:
[] Consult PT eval and treat
                                                               Reasons for referral to Physical Therapy (mark all applicable):
                                                                 if (answer = Other)
                                                                   Specify:
                                                               Are there any restrictions for positioning or mobility?
                                                                 if (answer = Yes)
                                                                   Limit:
                                                                     if (answer = sitting to)
                                                                       Specify:
```

```
if (answer = standing to)
                                                                        Specify:
                                                                      if (answer = limb/joint bend)
                                                                        Specify:
                                                                      if (answer = elevate limb)
                                                                        Specify:
                                                                      if (answer = other)
                                                                        Specify:
                                                                Please provide safe ranges for HR, BP, O2 saturation (if
                                                                values are very abnormal):
                                                                Weight Bearing Status:
                                                                  if (answer = LLE)
                                                                    LLE Limitation:
                                                                  if (answer = RLE)
                                                                    RLE Limitation:
                                                                  if (answer = LUE)
                                                                    LUE Limitation:
                                                                  if (answer = RUE)
                                                                    RUE Limitation:
[] Consult PT wound care
                                                                Special Instructions:
                                                                Location of Wound?
                                                                  if (answer = Lower Extremity)
                                                                    Lower Exttremity:
                                                                  if (answer = Upper Extremity)
                                                                    Upper Extremity:
                                                                  if (answer = Other Specify)
                                                                    Other:
[] Consult OT eval and treat
                                                                Reason for referral to Occupational Therapy (mark all that
                                                                apply):
                                                                  if (answer = Other)
                                                                    Specify:
                                                                Are there any restrictions for positioning or mobility?
                                                                  if (answer = Yes)
                                                                    Limit:
                                                                      if (answer = sitting to)
                                                                        Specify:
                                                                      if (answer = standing to)
                                                                        Specify:
                                                                      if (answer = limb/joint bend)
                                                                        Specify:
                                                                      if (answer = elevate limb)
                                                                        Specify:
                                                                      if (answer = other)
                                                                        Specify:
                                                                Please provide safe ranges for HR, BP, O2 saturation(if
                                                                values are very abnormal):
                                                                Weight Bearing Status:
                                                                  if (answer = LLE)
                                                                    LLE Limitation:
                                                                  if (answer = RLE)
                                                                    RLE Limitation:
                                                                  if (answer = LUE)
                                                                    LUE Limitation:
                                                                  if (answer = RUE)
                                                                    RUE Limitation:
[] Consult to Nutrition Services
                                                                Reason For Consult?
                                                                  if (answer = Other (Specify))
                                                                    Specify:
                                                                Purpose/Topic:
```

[] Consult to Spiritual Care	Reason for consult?
	if (answer = Catholic Priest)
	Reason for contacting Catholic Priest:
	if (answer = Other Specify)
	Specify:
	if (answer = Advance Directive)
	· · · · · · · · · · · · · · · · · · ·
	Is the patient alert and oriented?
	if (answer = No)
	No, Patient does not have capcaity:
	if (answer = Other Specify)
	Specify:
[] Consult to Speech Language Pathology	Routine, Once
[] comounts operating angulary	Reason for consult:
	if (answer = Other)
	Reason for SLP?
[] Consult to Wound Ostomy Care nurse	Reason for consult:
[] Consult to Would Ostomy Odie harse	
	if (answer = Ostomy)
	Type of Ostomy:
	if (answer = Other)
	Specify:
	Reason for consult:
	if (answer = Ostomy)
	Status:
	Ostomy type:
	Reason for consult:
	if (answer = Ostomy)
	Status:
	Ostomy type:
	if (answer = Wound)
	Wound type:
	if (answer = Other)
	Specify:
	Reason for consult:
	if (answer = Ostomy)
	Status:
	Ostomy type:
	Consult for NPWT:
	if (answer = Negative pressure wound therapy)
	Pressure (mmHg):
	Therapy Settings:
	if (answer = Other)
	Specify:
	if (answer = Dynamic Pressure Control)
	DCP Ratio:
	Intensity:
	Foam Type:
	Type of Wound:
	if (answer = Other)
	Specify:
	Reason for consult:
	if (answer = Ostomy)
	Type of Ostomy:
	if (answer = Other)
	Specify:
	Reason for consult:
	if (answer = Ostomy)
	Type of Ostomy:
	if (answer = Other)
	Specify:
	if (answer = Negative Pressure Wound Therapy)
	Type of Wound:
	if (answer = Other)
	Specify:
	Frequency:

```
if (answer = Other)
                                                                       Specify:
                                                                   Dressing type:
                                                                     if (answer = Other)
                                                                       Specify:
                                                                   Pressure (mmHg):
                                                                    if (answer = 50)
                                                                       Therapy:
                                                                     if (answer = 75)
                                                                       Therapy:
                                                                    if (answer = 100)
                                                                       Therapy:
                                                                    if (answer = 125)
                                                                       Therapy:
                                                                     if (answer = Other)
                                                                       Therapy:
                                                                  Therapy:
                                                                 if (answer = Negative Pressure Wound Therapy With
                                                               Instillation)
                                                                  Type of Wound:
                                                                    if (answer = Other)
                                                                      Specify:
                                                                   Frequency:
                                                                    if (answer = Other)
                                                                       Specify:
                                                                   Dressing type:
                                                                     if (answer = Other)
                                                                       Specify:
                                                                   Instillation Solution:
                                                                     if (answer = Other)
                                                                      Specify:
                                                                   Pressure (mmHg):
                                                                    if (answer = 50)
                                                                       Therapy:
                                                                    if (answer = 75)
                                                                       Therapy:
                                                                    if (answer = 100)
                                                                       Therapy:
                                                                     if (answer = 125)
                                                                      Therapy:
                                                                     if (answer = Other)
                                                                      Therapy:
[] Consult to Respiratory Therapy
                                                               Reason for Consult?
```

Additional Orders