Ophthalmology Admission [754]

Common Brocont on Admission Diagnosis	
Common Present on Admission Diagnosis	
] Acidosis	Details
Acute Post-Hemorrhagic Anemia	Details
] Acute Renal Failure	Details
] Acute Respiratory Failure	Details
Acute Thromboembolism of Deep Veins of Lower Extremities	Details
] Anemia	Details
] Bacteremia	Details
Bipolar disorder, unspecified	Details
Cardiac Arrest	Details
] Cardiac Dysrhythmia	Details
] Cardiogenic Shock	Details
Decubitus Ulcer	Details
Dementia in Conditions Classified Elsewhere	Details
Disorder of Liver	Details
Blectrolyte and Fluid Disorder	Details
Intestinal Infection due to Clostridium Difficile	Details
Methicillin Resistant Staphylococcus Aureus Infection	Details
Obstructive Chronic Bronchitis with Exacerbation	Details
Other Alteration of Consciousness	Details
Other and Unspecified Coagulation Defects	Details
Other Pulmonary Embolism and Infarction	Details
Phlebitis and Thrombophlebitis	Details
Protein-calorie Malnutrition	Details
Psychosis, unspecified psychosis type	Details
Schizophrenia Disorder	Details
	Details
Sepsis Septic Shock	Details
Septic Shock	Details
· ·	Details
Mention of Complication, Not Stated as Uncontrolled	
] Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selection	n Required)
() Admit to Inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgmen
	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	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission or Observation (Single Response)	

() 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
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() Outpatient observation services under general	Admitting Physician:
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() Outpatient in a bed - extended recovery	Admitting Physician:
() Calpanent in a sea continued receivery	Bed request comments:
	Bod roquosi commento.
Admission (Single Response)	
Patient has active status order on file.	
Fallent has active status order on file.	
() Admit to inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
Code Status	
[] Full code	Code Status decision reached by:
[] 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?
Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order?
	Name of referring provider:
	- •
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
[] Modified Code	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?
	Modified Code restrictions:
[] Treatment Restrictions	Treatment Restriction decision reached by:
[]	Specify Treatment Restrictions:
	• • • • • • • • • • • • • • • • • • • •
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you	Once, Sputum
suspect Tuberculosis, please order this test	onos, opatam
for rapid diagnostics.	D / "
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details
Draggutions	
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
[] Blind Precautions	Increased observation level needed:
Drintad on 11/22/2021 at 1,00 DM from CLID	Dog 2 of 26

Nursing	
Vitals Signs	
[] Vital Signs	Routine, Per unit protocol
Activity	
[] Strict bed rest	Routine, Until discontinued, Starting S
Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bathroom privileges
[] Ambulate with assistance	Routine, 3 times daily Specify: with assistance
[] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
Nursing Care	
[] Intake and Output	Routine, Every 8 hours
Label eye drops for home use	Routine, Until discontinued, Starting S
11 East of a group for Horno add	Label eye drops for home use
Positioning	
[] Elevate HOB	Routine, Until discontinued, Starting S
	Head of bed:
[] Positioning instruction	Routine, Until discontinued, Starting S
	Position:
	Additional instructions:
Wound Care	
[] Eye patch/pirate patch	Routine, Once
• • •	Left/Right:
	Special Instructions: keep ptach on eye
[] Eye shield/fox shield	Routine, Once
	Left/Right:
[] Applying most	Special Instructions: keep shield on eye
[] Apply ice pack	Routine, Until discontinued, Starting S
	Specify Eye: Ice on for:
	Ice off for:
[] Eye pads to bedside	Routine, Until discontinued, Starting S
	Eye pads to bedside
[] Box of 4 by 4 to bedside	Routine, Until discontinued, Starting S
	Box of 4 by 4 to bedside
[] 1 inch tape to bedside	Routine, Until discontinued, Starting S
	1 inch tape to bedside
Notify	
[] Notify Internal Medicine. If no consult, contact	Routine, Until discontinued, Starting S
Ophthalmologist	Temperature greater than: 101.4
	High Heart Rate (BPM): 100
	Low Heart Rate(BPM): 60
	High SBP(mmHg): 160
	Low SBP(mmHg): 95
	High DBP(mmHg): 95
Diet	
[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:

[] NPO-after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO:
	Pre-Operative fasting options:
[] Diet-Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
IV Fluids	
Peripheral IV Access	
[X] Initiate and maintain IV	D. II. O.
[X] Insert peripheral IV	Routine, Once
[X] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[X] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
Maintenance IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous
dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous
Medications	
Antibiotics (Single Response)	
() cefoxitin (MEFOXIN) IV	2 g, intravenous, every 6 hours
	Reason for Therapy:
() cefazolin (ANCEF) IV	1 g, intravenous, every 8 hours Reason for Therapy:
() cefTAZidime (FORTAZ) IV - Written as DO NOT	2 g, intravenous, every 8 hours
`´ SUBSTITUTÈ	Ordered as Ceftazidime DO NOT SUBSTITUTE
	Reason for Therapy:
() cefepime (MAXIPIME) IV	1 g, intravenous, every 8 hours
,	Reason for Therapy:
Antibiotics: if Beta-Lactam Allergy (Single Respon	nse)
() levofloxacin (LEVAQUIN) tablet	750 mg, oral, daily at 0600
· · ·	Reason for Therapy:
() levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, once, For 1 Doses Reason for Therapy:
() metroNIDAZOLE (FLAGYL) tablet	500 mg, oral, 3 times daily Reason for Therapy:
() metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses Reason for Therapy:
Antibiotics: if MRSA Suspected	
[] Pharmacy consult to manage vancomycin	Routine, Until discontinued, Starting S
,	Reason for Therapy:
	Duration of Therapy (Days):
] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, every 12 hours Type of Therapy:
Anti-Inflammatory	
neomycin-polymyxin-dexamethaxone DROPS	1 drop, 4 times daily
(MAXITROL)	i diop, i dinoc dany

[] neomycin-polymyxin-dexamethaxone OINTMENT (MAXITROL)		1 application, nightly
[] prednisoLONE acetate (PRED FORTE) 1% suspe		1 drop, 4 times daily
[] keTOROlac (ACULAR LS) 0.4 % ophthalmic solution		1 drop, 4 times daily
[] keTOROlac (ACULAR) 0.5 % ophthalmic solution		1 drop, 4 times daily
Antibiotic Ophthalmic		
erythromycin (ROMYCIN) 0.5% ophthalmic ointme	ant	1 application, nightly
gentamicin (GARAMYCIN) 0.3% ophthalmic OINT		0.5 inch, 3 times daily
[] gentamicin (GARAMYCIN) 0.3 % ophthalmic SOL		1 drop, every 4 hours scheduled
[] levofloxacin (QUIXIN) 0.5 % ophthalmic solution		1 drop, every 4 hours scheduled
[] moxifloxacin (VIGAMOX) 0.5% ophthalmic solutio	n	1 drop, 3 times daily
[] trifluridine (VIROPTIC) 1% ophthalmic solution		1 drop, every 2 hours while awake
neomycin-bacitracin-polymyxin (POLYSPORIN)		1 application, 4 times daily
ophthalmic ointment		
Dunillam Bilatian		
Pupillary Dilation		
[] atropine 1 % ophthalmic solution	l4:	1 drop, 2 times daily
[] cyclopentolate (CYCLODRYL) 1 % ophthalmic so		1 drop, every 8 hours
[] cyclopentolate (CYCLOGYL) 2 % ophthalmic solu	tion	1 drop, Both Eyes, every 8 hours
Lubricants		
artificial tears ophthalmic solution		1 drop, Both Eyes, nightly PRN, dry eyes
artificial tears ointment		Both Eyes, nightly
		Give AFTER administration of eye drops
Medications DDN		
Medications PRN		
[] acetaminophen (TYLENOL) tablet		650 mg, oral, every 4 hours PRN, mild pain (score 1-3), fever
[] acetaminophen-codeine (TYLENOL #3) 300-30 m tablet	ig per	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6) The use of codeine-containing products is contraindicated in
tablet		patients LESS THAN 12 years of age. Is this patient OVER 12
		years of age? Y/N:
[] HYDROcodone-acetaminophen (NORCO 10-325))	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)
10-325 mg per tablet		
[] ketorolac (TORADOL) IV (Single Response)	1 /	ND/OD 11 1 1 500 II 17
Do NOT use in patients with eGFR LESS than 30		
(CABG) surgery.	i perioper	ative pain OR in the setting of coronary artery bypass graft
(o/ 120) surgery.		
() For patients ages GREATER than 64 OR	15 mg, ir	ntravenous, every 6 hours PRN, moderate pain (score 4-6)
weight LESS than 50 kg OR eGFR 30-59		
mL/min - ketorolac (TORADOL) injection		
() For patients ages 17-64 AND weight	30 mg, ir	ntravenous, every 6 hours PRN, moderate pain (score 4-6)
GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac		
(TORADOL) injection		
(**************************************		
Antiemetics		
[X] ondansetron (ZOFRAN) IV or Oral (Selection Req		"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)		al, every 8 hours PRN, nausea, vomiting
disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection		atient is able to tolerate oral medication. ravenous, every 8 hours PRN, nausea, vomiting
[A] Glidansetton (201 KAN) 4 mg/2 mc injection		atient is UNable to tolerate oral medication OR if a faster onset of
		required.
[] promethazine (PHENERGAN) IV or Oral or Recta		"Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg IV		intravenous, every 6 hours PRN, nausea, vomiting
		ndansetron (ZOFRAN) is ineffective and patient is UNable to
1.1	roierate (oral or rectal medication OR if a faster onset of action is required.

[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics	
X] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting 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 action is required.
] promethazine (PHENERGAN) IV or Oral or Recta	·
[] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
The state of the s	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	(Selection Required)
VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
) Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strati (Single Response) (Selection Required)	
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:
[] Place sequential compression device (Single	Response)
() 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:
[] Place sequential compression device (Single	Therapy for the following: Response)
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
p. op. 1, iao	contraindication(s):

() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active ord	
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
ριορηγιαλίο	Therapy for the following:
[] 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	Routine, Continuous
device continuous	
() High Risk - Patient currently has an active ord	
therapeutic anticoagulant or VTE prophylaxis	Selection
Required)	
[] High 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:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
1 3 3 3	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() LOMB: L (D)/T/O L (; D ;)	
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
	actors
Low Risk Definition Age less than 60 years and NO other VTE risk fa	
Low Risk Definition	
Low Risk Definition Age less than 60 years and NO other VTE risk fa [] Low Risk (Single Response) (Selection Require	red)
Low Risk Definition Age less than 60 years and NO other VTE risk fa [] Low Risk (Single Response) (Selection Require () Low risk of VTE	red) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
Low Risk Definition Age less than 60 years and NO other VTE risk fa [] Low Risk (Single Response) (Selection Require () Low risk of VTE () MODERATE Risk of DVT - Surgical (Selection R	red) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
Low Risk Definition Age less than 60 years and NO other VTE risk fa [] Low Risk (Single Response) (Selection Require () Low risk of VTE () MODERATE Risk of DVT - Surgical (Selection Reduction Reduction Research () Moderate Risk Definition	red) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired)
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Low Risk Definition Age less than 60 years and NO other VTE risk fa [] Low Risk (Single Response) (Selection Require () Low risk of VTE () MODERATE Risk of DVT - Surgical (Selection Response) (Selection Required) (Selection Required) [] Moderate Risk (Selection Required)	red) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once
Low Risk Definition Age less than 60 years and NO other VTE risk fa [] Low Risk (Single Response) (Selection Requir () Low risk of VTE () MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot 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 Pharmacological Prophylaxis - Patient (Single Response) (Selection Required)	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d)
Low Risk Definition Age less than 60 years and NO other VTE risk fa [] Low Risk (Single Response) (Selection Requir () Low risk of VTE () MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot 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 Pharmacological Prophylaxis -	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d)

[]	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	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 0600, Starting S+1 Indication(s): VTE Prophylaxis
()	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 Indication(s): VTE Prophylaxis
()	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 Indication(s): VTE Prophylaxis
()	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 Indication(s): VTE Prophylaxis
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LES 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:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
-	Mechanical Prophylaxis (Single Response) (Se Required)	election
	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 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)

[1] Moderate Diels (Coloction Demoired)	
[] Moderate Risk (Selection Required)	Doubling Once
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	ion
Non-Surgical Patient (Single Response) (Select	ION
Required)	hulovia II Andli I introd Donal
() Contraindications exist for pharmacologic prop Order Sequential compression device	<u> </u>
[] 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 prop AND mechanical prophylaxis 	hylaxis "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 Resp (Selection Required)	· ,
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() 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)	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgi (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 0600, Starting S+1 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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.

oral, daily at 1700, Starting S+1
Indication:
STAT, Until discontinued, Starting S
Indication:
Selection
Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s)
Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] 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	Routine, Once
prophylaxis	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 Indication(s): VTE Prophylaxis
() 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
() noticets weight highways 100 120 kg AND	Indication(s): VTE Prophylaxis
() 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
CICI GILLATEIX (Hall 50 HIL/HIII)	mL/min
	Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis
() 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.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:

()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[]	Mechanical Prophylaxis (Single Response) (Sele 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
	IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired)	

(

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip	
(Arthroplasty) Surgical Patient (Single Respor	nse)
(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
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Re	sponse)
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Starting S+1
	Indication(s): VTE Prophylaxis
() 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.
	Indication(s): VTE Prophylaxis
() 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.
	Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis

() fondaparinux (ARIXTRA) injection	
	2.5 mg, subcutaneous, daily, Starting S+1If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio 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.	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
weight < 50kg and age > 75yrs)	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.
() Rivaroxaban and Pharmacy Consult (Selectio Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response)	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response)	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired)	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate 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	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (SRequired) [] Moderate 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	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate 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	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate 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 () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate 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 () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)
() Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate 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 () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE	No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous (Selection Required)

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
propriyame	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active orde	r for
therapeutic anticoagulant or VTE prophylaxis (\$Required)	Selection
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	Response)
() 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 order	
therapeutic anticoagulant or VTE prophylaxis (\$ Required)	Selection
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] 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
() LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fac	extors
[] Low Risk (Single Response) (Selection Require	
() 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 Re	•
Moderate Risk Definition	quitouj
	lechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
stroke, rheumatologic disease, sickle cell disease	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous, 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 hou	
Anticipated length of stay ONLATEN than 40 hou	re
	rs
Less than fully and independently ambulatory	rs
	rs
Less than fully and independently ambulatory Estrogen therapy	rs
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	rs
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	Routine, Once

	Contraindications exist for pharmacologic pro BUT 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 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 0600, Starting S+1 Indication(s): VTE Prophylaxis
()	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 Indication(s): VTE Prophylaxis
()	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 3 mL/min Indication(s): VTE Prophylaxis
()	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 3 mL/min Indication(s): VTE Prophylaxis
()	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 medicatic 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 LES 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:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
-	Mechanical Prophylaxis (Single Response) (Se Required)	election
	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 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)

[1] Madagata Dialy (Calastian Denvined)	
[] Moderate Risk (Selection Required)	Doubling Once
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	ion
Non-Surgical Patient (Single Response) (Select Required)	IOH
() Contraindications exist for pharmacologic prop	hylaxis - "And" Linked Panel
Order Sequential compression device	<u> </u>
[] 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 prop AND mechanical prophylaxis 	hylaxis "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 Resp	· ,
(Selection Required)	<u> </u>
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1
() 1	For Patients with CrCL LESS than 30 mL/min
	Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
() (a. la caria (ADIVTDA) initiation	Indication(s): VTE Prophylaxis
() 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.
3 3 -37-7	5 5

() 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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() 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 of DVT - Surgical (Selection Required)	
Address both pharmacologic and mechanical propl	nylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgica (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)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
() Torradparition (interest of injustion	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	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) () HEParin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
) HIGH Risk of DVT - Non-Surgical (Selection Requi	
Address both pharmacologic and mechanical propl	nylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-Single Patient (Single Response) (Selection Required)	urgicai

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() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectic Required)	on .
	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Responsal (Selection Required)	se)
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
() aspirin chewable tablet	contraindication(s): 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	· · · · · · · · · · · · · · · · · · ·
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
(,, , , , , , , , , , , , , , , , , , ,	Indication(s): VTE Prophylaxis

() 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. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCI GREATER than 30	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	mL/min Indication(s): VTE Prophylaxis
() 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
() honorin (norcino) injection	Thrombocytopenia (HIT): 5.000 Units subcutaneous overv. 8 hours S+1 at 6:00 AM
() heparin (porcine) injection() heparin (porcine) injection (Recommended	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
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	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, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
T Risk and Prophylaxis Tool (Single Response)	
VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)	
) Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Se 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:
[] Place sequential compression device (Single R	
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	

[] 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.
propriyidatio	Therapy for the following:
[] 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	
therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High 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.
[1] Place acquestial compression device (Single	Therapy for the following:
[] Place sequential compression device (Single () Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyidado	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active ord	er for
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	
[] High 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.
[1] Disconscionation device (Cinale	Therapy for the following:
Place sequential compression device (SingleContraindications exist for mechanical	<u> </u>
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
propriyiaxis	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	octors
] Low Risk (Single Response) (Selection Require	red)
() Low risk of VTE	Routine, Once
,,	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

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)

[] 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 BUT order Sequential compression device 	hylaxis "And" Linked Panel
[] 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 prop AND mechanical prophylaxis 	hylaxis "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 Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
() 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 LESS
weight < 50kg and age > 75yrs)	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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (See Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) MODERATE Risk of DVT - Non-Surgical (Selecti Required)	ion
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)

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Select	ion
Required)	
 () Contraindications exist for pharmacologic prop Order Sequential compression device 	hylaxis - "And" Linked Panel
[] 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 prop AND mechanical prophylaxis 	hylaxis "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 Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis

() 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	Indication(s): VTE Prophylaxis 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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Sel Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	ical Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis

() 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
	Indication(s): VTE Prophylaxis
() 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
() honorin (norgina) injection	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
() B	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Se	lection
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 Requ	uired)
High Dick Definition	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis

()	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
7)	for department (ADIVIDA) in inciden	Indication(s): VTE Prophylaxis
()	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.
()	warfarin (COUMADIN) tablet	oral, daily at 1700
		Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
	Mechanical Prophylaxis (Single Response) (Sel Required)	ection
()	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
	GH Risk of DVT - Surgical (Hip/Knee) (Selection	
	quired)	
	h Risk Definition	
Bot	h pharmacologic AND mechanical prophylaxis	must be addressed.
	e or more of the following medical conditions:	
		ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	protein S deficiency; hyperhomocysteinemia; m	yeloproliferative disorders)
	vere fracture of hip, pelvis or leg	
Ac	tute spinal cord injury with paresis	
N 4. 1	tiple major traumas	
	dominal or polyic ourgon: for CANCED	
Abo	dominal or pelvic surgery for CANCER	
Abo Acu	dominal or pelvic surgery for CANCER Ite ischemic stroke tory of PE	

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip	or Knee
(Arthroplasty) Surgical Patient (Single Respon	ise)
(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
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Re	sponse)
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
	Indication(s): VTE Prophylaxis

() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis
() 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. Indication(s): VTE Prophylaxis
() 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. Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	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, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] 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
Labs	
Labs Today	
Basic metabolic panel	Once
[] Comprehensive metabolic panel	Once
] CBC and differential	Once
Prothrombin time with INR	Once
Partial thromboplastin time	Once
Type and screen	
[] Type and screen	Once, Blood Bank
ABO and Rh confirmation	Once, Blood Bank Confirmation
[] Calcium	Once
-	

Labs Tomorrow

II. Barta week Proceed	AM In First Organization
Basic metabolic panel Comprehensive metabolic panel	AM draw For 1 Occurrences AM draw For 1 Occurrences
Comprehensive metabolic panel CBC and differential	AM draw For 1 Occurrences AM draw For 1 Occurrences
Prothrombin time with INR	AM draw For 1 Occurrences
Partial thromboplastin time	AM draw For 1 Occurrences
[] Calcium	AM draw For 1 Occurrences
•	, a.a a
Cardiology	
Imaging	
X-ray	
[] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
СТ	
[] CT Orbits Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 2 millimeter cuts with direct coronal if possible.
	2 millimeter cuts with direct coronal if possible.
MRI	
MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
MRI Orbit Face Neck W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Other Studies	
Respiratory	
Respiratory	
Rehab	
•	
Rehab	
Rehab Consults	Consult Reason:
Rehab Consults Ancillary Consults	Consult Reason: Reason for Consult:
Rehab Consults Ancillary Consults [] Consult to Case Management	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable)
Rehab Consults Ancillary Consults Consult to Case Management Consult to Social Work	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable) Are there any restrictions for positioning or mobility?
Rehab Consults Ancillary Consults Consult to Case Management Consult to Social Work	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if
Rehab Consults Ancillary Consults Consult to Case Management Consult to Social Work	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Consults Ancillary Consults Consult to Case Management Consult to Social Work Consult PT eval and treat	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
Rehab Consults Ancillary Consults Consult to Case Management Consult to Social Work	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions:
Consults Ancillary Consults Consult to Case Management Consult to Social Work Consult PT eval and treat Consult PT wound care	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound?
Consults Ancillary Consults Consult to Case Management Consult to Social Work Consult PT eval and treat	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound? Reason for referral to Occupational Therapy (mark all that
Consults Ancillary Consults Consult to Case Management Consult to Social Work Consult PT eval and treat Consult PT wound care	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound?
Consults Ancillary Consults Consult to Case Management Consult to Social Work Consult PT eval and treat Consult PT wound care	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound? Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if
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Consults Ancillary Consults Consult to Case Management Consult to Social Work Consult PT eval and treat Consult PT wound care Consult OT eval and treat	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound? Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Reason For Consult?
Consults Ancillary Consults Consult to Case Management Consult to Social Work Consult PT eval and treat Consult PT wound care Consult OT eval and treat Consult OT eval and treat Consult to Nutrition Services	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound? Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Reason For Consult? Purpose/Topic:
Consults Ancillary Consults Consult to Case Management Consult to Social Work Consult PT eval and treat Consult PT wound care Consult OT eval and treat Consult to Nutrition Services Consult to Spiritual Care	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound? Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Reason For Consult? Purpose/Topic: Reason for consult?
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Consults Ancillary Consults [] Consult to Case Management [] Consult to Social Work [] Consult PT eval and treat [] Consult PT wound care [] Consult OT eval and treat [] Consult to Nutrition Services [] Consult to Spiritual Care [] Consult to Speech Language Pathology	Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound? Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Reason For Consult? Purpose/Topic: Reason for consult? Routine, Once Reason for consult:
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Additional Orders