Hemorrhagic Stroke [1319]

General	
Common Present on Admission Diagnosis Present on Admission	Details
Abdominal pain	Details
	Details
[] Back pain [] Chest pain	Details
[] Cough	Details
[] COVID - 19	Details
Dizziness	Details
Tall	Details
The results of the re	Details
Headache	Details
Hypertension	Details
Nausea	Details
Shortness of breath	Details
Vomiting	Details
[] Weakness-generalized	Details
Admission or Observation (Single Response) (Selection F	
() Admit to inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments: Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Admit to IP- University Teaching Service	Admitting Physician:
(,, , , , , , , , , , , , , , , , , , ,	Resident Physician:
	Resident team assignment:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgement and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights. To reach the team taking care of this patient please call the
	University Teaching Service Answering Service at (713)
	363-9648 and ask for the team taking care of the patient to be
	paged. The team name is listed in both "Treatment Teams"
	and "Notes from Clinical Staff" sections in the
	Summary\Overview tab of Epic.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
·	Bed request comments:
() UTS - Outpatient observation services under general	Admitting Physician:
supervision	Resident Physician:
	Resident team assignment:
	Patient Condition:
	Bed request comments:
	To reach the team taking care of this patient please call the
	University Teaching Service Answering Service at (713)
	363-9648 and ask for the team taking care of the patient to b
	paged. The team name is listed in both "Treatment Teams"
	and "Notes from Clinical Staff" sections in the
	Summary\Overview tab of Epic.

() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission or Observation (Single Response) Patient has active status order on file	
() Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital
() Admit to IP- University Teaching Service	services for two or more midnights. Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgemen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams"
() Outpatient observation services under general supervision	and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician: Patient Condition:
() UTS - Outpatient observation services under general supervision	Bed request comments: Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission (Single Response) Patient has active status order on file.	
() Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Code Status (Single Response)	
() Full code () DNR (Selection Required)	Code Status decision reached by:

[] 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	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital Signs (Single Response)	
(X) Vital Signs	Routine, Every 15 min For 999 Occurrences Every 15 minutes x 2 hours then every 1 hour. For Temp, check every 4 hours.
Vital Signs (Single Response)	
(X) Vital Signs	Routine, Every hour For 999 Occurrences Aligned with neurological assessments.
Activity	
[X] Strict bed rest	Routine, Until discontinued, Starting S
[] Ambulate with assistance	Routine, 3 times daily Specify: with assistance
Nursing	
[] Intake and output	Routine, Every shift
[X] Hold PO including oral meds if Patient fails dysph screening	
[X] Dysphagia screen	Routine, Once On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.

[X] Bladder scan	Routine, Every 4 hours Straight cath if volume GREATER than*** mL.
[X] Straight cath	Routine, Conditional Frequency For 2 Occurrences If unable to void, straight cath every 6 hours for two attempts.
[X] Insert Foley catheter	Routine, Conditional Frequency For 1 Occurrences
[X] Insert Foley carreter	Type:
	Size:
	Urinometer needed:
	After two attempts with straight cath.
[X] Neurological assessment	Routine, Every 15 min For 2 Hours
[-1,	Assessment to Perform:
[X] NIH Stroke Scale	Routine, Once
[-1	Perform on Admission.
NIH Stroke Scale	Routine, Once
	Perform every shift.
[X] NIH Stroke Scale	Routine, Once
	On Discharge.
[X] Intracerebral hemorrhage score	Routine, Once For 1 Occurrences
[X] Glasgow coma scale	Routine, Every shift
[] Insert feeding tube weighted	Routine, Once
[X] Provide educational material	Routine, Once
[M] TO VIGE EGUCATIONAL MATERIAL	Hemorrhagic stroke education.
[] ICP Monitoring and Notify	Tierromagie stroke education.
	tine, Every hour For 999 Occurrences
Rou Rec	
	ora. itor and record output.
	tine, Until discontinued, Starting S
[] Notify Physician if Intracranial Pressure Rour greater than or equal to 20 for more than 5	tine, Onth discontinued, Starting S
min	
[] Ventriculostomy drain care - Clamped	Routine, Every hour For 999 Occurrences
[] Ventriculosiomy drain care - Clamped	Device: Clamped
	Level at (cm H2O):
[] Ventriculostomy drain care - Open	Routine, Every hour For 999 Occurrences
[] Ventillealosioniy diam care Open	Device: Open
	Level at (cm H2O):
	If External Ventricular Drainage is present call MD if
	Intracerebral Pressure is greater than or equal to 20 for more
	than 5 min
[X] Place sequential compression device	"And" Linked Panel
	tine, Continuous
device continuous	ano, continuodo
a division de l'internation de l'interna	
Nursing	
	Douting Franchitt
[] Intake and output	Routine, Every shift
[X] Hold PO including oral meds if Patient fails dysphagia	Routine, Until discontinued, Starting S
screening	Hold PO including oral meds if Patient fails dysphagia
DVI D	screening.
[X] Dysphagia screen	Routine, Once
	On admission. Hold PO including Oral Meds if patient Fails
DVI DI LI	Dysphagia Screening.
[X] Bladder scan	Routine, Every 4 hours
D/1 0/1 1/1 //	Straight cath if volume GREATER than*** mL.
[X] Straight cath	Routine, Conditional Frequency For 2 Occurrences
	If unable to void, straight cath every 6 hours for two attempts.
[X] Insert Foley catheter	Routine, Conditional Frequency For 1 Occurrences
	Type:
	Size:
	Urinometer needed:
	After two attempts with straight cath.
[X] Neurological assessment	Routine, Every hour For 999 Occurrences
	Assessment to Perform: Level of Consciousness, Pupils, Motor
	exam

[X] NIH Stroke Scale	Routine, Once Perform on Admission.
[] NIH Stroke Scale	Routine, Once Perform every shift.
[X] NIH Stroke Scale	Routine, Once On Discharge.
[X] Intracerebral hemorrhage score	Routine, Once For 1 Occurrences
[X] Glasgow coma scale	Routine, Every shift
[] Insert feeding tube weighted	Routine, Once
[X] Provide educational material	Routine, Once
	Hemorrhagic stroke education.
[] ICP Monitoring and Notify	v: F F 000 O
Rec	tine, Every hour For 999 Occurrences ord: itor and record output.
	tine, Until discontinued, Starting S
[] Ventriculostomy drain care - Clamped	Routine, Every hour For 999 Occurrences Device: Clamped
	Level at (cm H2O):
[] Ventriculostomy drain care - Open	Routine, Every hour For 999 Occurrences
	Device: Open Level at (cm H2O):
	If External Ventricular Drainage is present call MD if
	Intracerebral Pressure is greater than or equal to 20 for more
	than 5 min
[X] Place sequential compression device	"And" Linked Panel
device continuous Diet	
[X] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study completed successfully.
Notify	
[X] Notify Physician	Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted
[X] Notify Physician if Systolic BP greater than 160 mmHg	Routine, Until discontinued, Starting S
	Temperature greater than:
	Temperature less than:
	Systolic BP greater than: 160
	Systolic BP less than: Diastolic BP greater than:
	Diastolic BP greater than: Diastolic BP less than:
	MAP less than:
	Heart rate greater than (BPM):
	Heart rate less than (BPM):
	Respiratory rate greater than:
	Respiratory rate less than:
IVI Notify Dhysisian for town protons ODEATED the	SpO2 less than:
[X] Notify Physician for temperature GREATER than or	
EQUAL to 100.4 F (38 C)	Routine, Until discontinued, Starting S, For temperature GREATER than or EQUAL to 100.4 F (38 C)
EQUAL to 100.4 F (38 C) [X] Notify Physician if O2 Sat is less than 94%	

[X] Stroke coordinator tracking	Routine, Until discontinued, Starting S This order serves to populate patient on the Stroke Coordinators' patient list. Discontinuation of this order will remove patient from the list. No action is needed by nursing.
IV Fluids	
IV Fluids	
sodium chloride 0.9 % infusionsodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous intravenous, continuous
Peripheral IV Access	
[X] Initiate and maintain IV	
[X] Insert peripheral IV Routine	, Once
[X] sodium chloride 0.9 % flush 10 mL, i	ntravenous, every 12 hours scheduled
[X] sodium chloride 0.9 % flush 10 mL, i	ntravenous, PRN, line care
Medications	
Hypertensive Urgency - Once Orders	
[X] labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, once, For 1 Doses Systolic Blood Pressure GREATER than 160 mmHg. Administer at 2 Mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM
[] hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, once, For 1 Doses Systolic Blood Pressure GREATER than 160 mmHg. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) BP HOLD parameters for this order: Contact Physician if:
Hypertensive Urgency - PRN Orders	
[X] labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM.
[X] hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) BP HOLD parameters for this order: Contact Physician if:
[X] niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated Initiate nicardipine infusion at 2.5 mg/hr. Titrate by 2.5 mg/hr every 15 minutes. Do not exceed 15 mg/hr. Once BP goal is achieved, wean dose to minimum dose required to maintain desired therapeutic effect. Pre-alteplase target: Systolic Blood Pressure is LESS THAN 185 mmHg and Diastolic Blood Pressure is LESS THAN 110 mmHg. Post-alteplase target: Systolic Blood Pressure is LESS THAN 180 mmHg and Diastolic Blood Pressure is LESS THAN 105 mmHg
ondansetron (ZOFRAN) oral or IV	
[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.

Seizure Management	
[] Benzodiazepines	
[] LORAZepam (ATIVAN) injection	4 mg, intravenous, once, For 1 Doses Repeat 4 mg x if not controlled within 5 min Indication(s):
[] LORAZepam (ATIVAN) injection	1 mg, intravenous, every 15 min PRN, seizures Indication(s):
[] Immediate Treatment, One time dose (Single R	· · ·
() fosphenytoin (CEREBYX) IV	intravenous, for 30 Minutes, once, For 1 Doses
() phenytoin (DILANTIN) IVPB	intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
() levETIRAcetam (KEPPRA) IV	intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
[] Notify Physician (Specify)	Routine, Until discontinued, Starting S, Notify physician for further seizure orders.
acetaminophen (TYLENOL) oral, tube, or suppo	
[X] acetaminophen (TYLENOL) oral, tube, or support	
Maximum of 4 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
[X] acetaminophen (TYLENOL) tablet	650 mg, feeding tube, every 6 hours PRN, mild pain (score 1-3) Administer if patient has a feeding tube.
[X] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Administer if patient is unable to tolerate oral tablet.
VTE	
DVT Risk and Prophylaxis Tool (Single Respons VTE/DVT Risk Definitions	se) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
() Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required)	
 Moderate Risk - Patient currently has an acti therapeutic anticoagulant or VTE prophylaxis Required) 	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Singl	
() 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 actitherapeutic 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 (Singl	

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
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 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
() MODERATE Risk of DVT - Surgical (Selection Romand Moderate Risk Definition	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
Low Risk (Single Response) (Selection RequireLow risk of VTE	Routine, Once
() LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk fa	actors
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
[] Place sequential compression device (Single	Therapy for the following:
[] High risk of VTE[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis (Required) 	(Selection
() Place/Maintain sequential compression device continuous	contraindication(s): Routine, Continuous
Place sequential compression device (Single() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
 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:
() High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis (Required) [] High risk of VTE	
device continuous	Routine, Continuous
() Place/Maintain sequential compression	contraindication(s):

	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 pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
()	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 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 tha 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 medica 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 LE than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
R	Mechanical Prophylaxis (Single Response) (Se Required)	
	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication
	Place/Maintain sequential compression device continuous	Routine, Continuous

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[1] Madausta Diale (Calastian Demoired)	
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis -	Routille, Office
Non-Surgical Patient (Single Response) (Select Required)	ztion
() Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic properties AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S 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 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:
[] Mechanical Prophylaxis (Single Response) (S 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
() HIGH Risk of DVT - Surgical (Selection Required	d)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxi One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin valor protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surger (Single Response) (Selection Required)	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once
	Positing Ones
 () Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() Enoxaparin for VTE Prophylaxis (Single Res	· ,
() enoxaparin (LOVENOX) 30 mg Daily at 170	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 30 mg Every 12 H	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 40 mg Daily at 170	· ,
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 H	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours
[] Onoxapami (EO v ENOX) injection	Indication(s):

2.5 mg, subcutaneous, daily, Starting S+1

procedure, or CrCl LESS than 30 mL/min.

than 50kg and age GREATER than 75yrs.

oral, daily at 1700, Starting S+1

Indication:

Thrombocytopenia (HIT):

If the patient does not have a history or suspected case of

5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

7,500 Units, subcutaneous, every 8 hours, Starting S+1

For patients with weight GREATER than 100 kg.

5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM

Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive

Recommended for patients with high risk of bleeding, e.g. weight LESS

This patient has a history of or suspected case of Heparin-Induced

() heparin (porcine) injection (Recommended

() HEParin (porcine) injection - For Patients

with weight GREATER than 100 kg

weight < 50kg and age > 75yrs)

warfarin (COUMADIN) tablet

for patients with high risk of bleeding, e.g.

() fondaparinux (ARIXTRA) injection

heparin (porcine) injection

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

() HIGH Risk of DVT - Non-Surgical (Selection 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
	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 3 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 3
CIOI GILLATEIX (Half 50 HIL/Hill)	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 LES
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.
	oral, daily at 1700
() warfarin (COUMADIN) tablet	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:

Ī	 Mechanical Prophylaxis (Single Response) (Sel- Required) 	Mechanical Prophylaxis (Single Response) (Selection Required)	
	() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
	() Place/Maintain sequential compression device continuous	Routine, Continuous	
()	HIGH Risk of DVT - Surgical (Hip/Knee) (Selection		

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip ((Arthroplasty) Surgical Patient (Single Respor (Selection Required)	nse)
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Re (Selection Required)	sponse)
() 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
	han ada (a anaisa) ini adian	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, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
()	Rivaroxaban and Pharmacy Consult (Selectic Required)	on
[]	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:
		election
	Mechanical Prophylaxis (Single Response) (Se Required)	
		Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
() ()	Required) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous isk and Prophylaxis Tool (Single Response	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous (Selection Required)
() ()	Required) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous
() () /T R VTE Part	Required) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous isk and Prophylaxis Tool (Single Response //DVT Risk Definitions tient currently has an active order for therapeuticoagulant or VTE prophylaxis with Risk Stratif	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous (Selection Required) URL: "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf"
Paranti (Sin () I t	Required) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous isk and Prophylaxis Tool (Single Response DVT Risk Definitions	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous (Selection Required)
Paranti (Sin () I t	Required) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous isk and Prophylaxis Tool (Single Response CDVT Risk Definitions tient currently has an active order for therapeuticoagulant or VTE prophylaxis with Risk Stratifingle Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) Moderate risk of VTE	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous (Selection Required) URL: "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf" tic ication e order for Selection Routine, Once
Paranti (Siri	Required) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous isk and Prophylaxis Tool (Single Response JOVT Risk Definitions tient currently has an active order for therapeuticoagulant or VTE prophylaxis with Risk Stratifingle Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required)	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous (Selection Required)
Parant (Sin []]	Required) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous isk and Prophylaxis Tool (Single Response //DVT Risk Definitions tient currently has an active order for therapeuticoagulant or VTE prophylaxis with Risk Stratifingle Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" tic ication corder for Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Parant (Sin []]	Required) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous isk and Prophylaxis Tool (Single Response DVT Risk Definitions tient currently has an active order for therapeuticoagulant or VTE prophylaxis with Risk Stratifingle Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" tic ication Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following
Paranti (Sir []	Required) Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous isk and Prophylaxis Tool (Single Response DVT Risk Definitions tient currently has an active order for therapeuticoagulant or VTE prophylaxis with Risk Stratifingle Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single) Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" tic ication Routine, Once Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once
Part (Sin () () () () () () () () () () () () ()	Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous isk and Prophylaxis Tool (Single Response Moderate Risk - Patient currently has an active order for therapeuticoagulant or VTE prophylaxis with Risk Stratifingle Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 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 (Required)	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" dic ication Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Part (Sin () () () () () () () () () () () () ()	Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous isk and Prophylaxis Tool (Single Response DVT Risk Definitions tient currently has an active order for therapeut icoagulant or VTE prophylaxis with Risk Stratifingle Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 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	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous (Selection Required) URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" dic ication Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous

Moderate Risk (Selection Required) Moderate 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	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
[] Low Risk (Single Response) (Selection Requi	red) Routine, Once
() LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk fa	actors
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
[] Place sequential compression device (Single	Therapy for the following:
[] High risk of VTE[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
() High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)	(Selection
() Place/Maintain sequential compression device continuous	Routine, Continuous
 Place sequential compression device (Single Contraindications exist for mechanical prophylaxis 	Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
[] 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:
() High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE	
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

	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 pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 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 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 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 medicat 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
	Place/Maintain sequential compression device continuous	Routine, Continuous

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GRÉATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

13. 14. 1. 1. 18: 1. 10. 1. 11. 13. 13. 13. 13. 13. 13. 13. 13.	
[] Moderate Risk (Selection Required)	Davidina Onca
[] Moderate risk of VTE	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection 	tion
Required)	doi1
Contraindications exist for pharmacologic proportion of the sequential compression device	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	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 Responsition (Selection Required)	ponse)
() 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 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, 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 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis () Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() Place/Maintain sequential compression device continuous	Routine, Continuous
() HIGH Risk of DVT - Surgical (Selection Required)	
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	Desiting Ones
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surgio	Routine, Once
(Single Response) (Selection Required)	
 () Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following
propriyaxio	contraindication(s):
() Enoxaparin for VTE Prophylaxis (Single Response	onse)
() enoxaparin (LOVENOX) 30 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 30 mg Every 12 Hou	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 40 mg Daily at 1700	40 man and and an area deller at 4700
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 Hou	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours Indication(s):
() 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
() has a sign (or a sign) in its attack	Thrombocytopenia (HIT):
() 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
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() HIGH Risk of DVT - Non-Surgical (Selection Requ	
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
 High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) 	urgicai

	contraindications exist for pharmacologic	No allowers and a vis V/TC area had a visual to the fall aveign
	prophylaxis	No pharmacologic VTE prophylaxis due to the following
7	enoxaparin (LOVENOX) injection (Single Resp	contraindication(s):
()	(Selection Required)	501156)
()		40 mg, subcutaneous, daily, Starting S+1
()	choxapanii (EO V ENOX) Synnige	Indication(s): VTE Prophylaxis
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1
()	patiente marerez 2200 traires marries	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
()	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	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
	H Risk of DVT - Surgical (Hip/Knee) (Selection	n
	quired)	shadayia hay andayia a fuana Dhamasa adayiada and Maahayiad Duanhadayia
Add	aress both pharmacologic and mechanical prop	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
1 F	ligh Risk (Selection Required)	
	High risk of VTE	Routine, Once
1 1	ligh Risk Pharmacological Prophylaxis - Hip o	r Knoo
		INICC
- (<i>i</i>	Arthroplasty) Surgical Patient (Single Respons Selection Required)	
() (;	Arthroplasty) Surgical Patient (Single Respons	
(;	Arthroplasty) Surgical Patient (Single Respons Selection Required)	se)
- (; ()	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic	Routine, Once
()	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following
()	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() ()	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
() () ()	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection R	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired)
()	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1
() () () ()	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Rapixaban (ELIQUIS) tablet	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
() () () ()	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Rapixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S
()	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Rapixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
()	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Rapixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resing (Selection Required)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
()	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection R apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resi (Selection Required)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1
	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Rapixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Responsaparin (LOVENOX) syringe	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Rapixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Resing (Selection Required)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Arthroplasty) Surgical Patient (Single Respons Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Rapixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Responsaparin (LOVENOX) syringe	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis

Routine, Once

() Contraindications exist for pharmacologic

 () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis 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.
Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30	Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30	mL/min.
Patients weight between 140 kg or GREATER and CrCl GREATER than 30	indication(e): VIE Prophylovie
Patients weight between 140 kg or GREATER and CrCl GREATER than 30	Indication(s): VTE Prophylaxis 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 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 (Selecti Required)	
i rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	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:
TRisk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	e) URL:
VIE/DVI RISK Delitilions	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Patient currently has an active order for therapeu	
anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)	
 Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis Required) 	
Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE 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 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	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	e Response)
() 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	(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] Disconsocial communication device (Circle	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	(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 contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	actors
] Low Risk (Single Response) (Selection Requi	ired)
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge 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 GRÉATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Madarata Dialy (Calastian Deguired)	
[] Moderate Risk (Selection Required)	Davidina Once
[] Moderate risk of VTE[] Moderate Risk Pharmacological Prophylaxis - S	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop	
BUT order Sequential compression device	And Emiliaries
[] 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	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() anavanaria (LOV/FNOV) injection (Cingle Deer	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Respondent (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
() (;) (100 100 1 100	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) (Required)	Selection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() MODERATE Risk of DVT - Non-Surgical (Select Required)	ction
contraindicated. One or more of the following medical conditions CHF, MI, lung disease, pneumonia, active inflat stroke, rheumatologic disease, sickle cell diseated Age 60 and above Central line History of DVT or family history of VTE	mmation, dehydration, varicose veins, cancer, sepsis, obesity, previous se, leg swelling, ulcers, venous stasis and nephrotic syndrome
Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	ours

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selection	on
Required)	nvlaxis - "And" Linked Panel
 () Contraindications exist for pharmacologic proph Order Sequential compression device 	iylaxis - And Linked Fanei
[] 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 proph AND mechanical prophylaxis 	nylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[1] On attack direction and other manufacture.	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response	
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
	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
() patients weight between 100-139 kg AND	Indication(s): VTE Prophylaxis 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
S.S. SILE TER GIALTOS III IIII	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):
() hangrin (nargina) injection	
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours 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)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) HIGH Risk of DVT - Surgical (Selection Required)	
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	Doubling Once
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surgion	Routine, Once
(Single Response) (Selection Required)	an and i
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriyitatio	contraindication(s):
() Enoxaparin for VTE Prophylaxis (Single Resp	
() enoxaparin (LOVENOX) 30 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
	Indication(s):
() enoxaparin (LOVENOX) 30 mg Every 12 Ho	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 40 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 Ho	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
) Toridapairiux (ARIX ITA) irijection	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)	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
<u> </u>	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
] Mechanical Prophylaxis (Single Response) (Se	election
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 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)	urgical
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
() 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. 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 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	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 (Hip/Knee) (Selection Required)	ו
High Risk Definition	

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 - Hip ((Arthroplasty) Surgical Patient (Single Respon	
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Re(Selection Required)	sponse)
() 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.
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	Indication(s): VTE Prophylaxis 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, 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:
[] 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
Cardiology	
Cardiology	
[] Electro cardiogram, 12-lead	Routine, Once For 1 Occurrences Clinical Indications: Cardiac Arrhythmia Interpreting Physician: On Admission
Imaging	
СТ	
CTA Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
CTA Neck W Wo Contrast CT Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1
•	Perform 6 hours after ICU admission
[] CT Stroke Brain Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
CT	

[] CTA Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CTA Neck W Wo Contrast [] CT Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Head W WO Contrast	Perform 6 hours after ICU admission
[] CT Stroke Brain Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Stroke Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
	Perform 6-24 hours after INITIAL Brain Imaging.
Discuss of a MADI/MAD A	
Diagnostic MRI/MRA	
[] MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
MRI Brain Venogram	Routine, 1 time imaging, Starting S at 1:00 AM For 1
MRI Stroke Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
MRA Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRA Neck Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
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
[] Shoot I will oftable	reduction, i time imaging, ordining out 1.007 time of 1
Respiratory	
Respiratory Therapy	
[] Oxygen therapy - Nasal cannula	Routine, Continuous Device: Nasal Cannula
	Rate in liters per minute: 2 lpm
	Rate in tenths of a liter per minute:
	O2 %:
	Titrate to keep O2 Sat Above: Other (Specify)
	Specify titration to keep O2 Sat (%) Above: 94
	Indications for O2 therapy: Respiratory distress Device 2:
	Device 2: Device 3:
	Indications for O2 therapy:
[X] Pulse oximetry check	Routine, Daily
	Current FIO2 or Room Air:
0	
Consults For Physician Consult and an accidence	
For Physician Consult orders use sidebar	
Physician Consults	
	December Consults
[] Consult Physical Medicine Rehab	Reason for Consult? Patient/Clinical information communicated?
	Patient/clinical information communicated?
Consults	
[X] Consult to Social Work	Reason for Consult: Discharge Planning
[X] Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable):
	New functional deficits, not expected to spontaneously
	recover with medical modalities,Other
	Specify: Stroke
	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:
	- 0 0

[] Consult to OT eval and treat [X] Consult to Case Management	Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming), Other Specify: Stroke 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: Consult Reason: Discharge Planning
[] Consult to Speech Language Pathology	Routine, Once Consult Reason: Other specify Specify: Post Hemorrhagic Stroke
[] Consult to Spiritual Care	Reason for consult?
Consults	
[X] Consult to Social Work	Reason for Consult: Discharge Planning
[X] Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable) New functional deficits, not expected to spontaneously recover with medical modalities,Other Specify: Stroke 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: Pre-morbid mRS and mRS at discharge
[] Consult to OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming), Other Specify: Stroke 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:
[X] Consult to Case Management	Consult Reason: Discharge Planning
[] Consult to Speech Language Pathology	Routine, Once Consult Reason: Other specify Specify: Post Hemorrhagic Stroke
[] Consult to Spiritual Care	Reason for consult?