Hepatology Admission [613]

Common Present on Admission Diagnosis	
[] Present on Admission	Details
[] Abdominal pain	Details
[] Back pain	Details
[] Chest pain	Details
[] Cough	Details
[] COVID - 19	Details
Dizziness	Details
[] Fall	Details
[] Fever	Details
[] Headache	Details
[] Hypertension	Details
[] Nausea	Details
Shortness of breath	Details
[] Vomiting	Details
[] Weakness-generalized	Details
Admission or Observation (Single Response) (Selec	etion Required)
() Admit to Inpatient	Admitting Physician:
()	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgmen
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
() () () () ()	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:
() Outpatient in a bed - extended recovery	Bed request comments:
	Dea 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 judgmen
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
() Outputing the last of the last	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:

[] Airborne isolation status	
Isolation	
Isolation	Specify Treatment Restrictions:
() Treatment Restrictions	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:
() Treatment Restrictions	Does patient have decision-making capacity? Modified Code restrictions: I understand that if the patient is NOT in a cardiopulmonary
[] Consult to Social Work () Modified Code	Reason for Consult: Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter?
II. Consolite CosistW. I	Name of referring provider: Enter call back number:
	Order?
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order?
	Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
() DNR (Selection Required) [] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter?
() Full code	Code Status decision reached by:
Code Status (Single Response)	services for two or more midnights.
	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.
	Certification: I certify that based on my best clinical judgme
	Bed request comments:
	Patient Condition:
	Bed request comments: Certification: I certify that based on my best clinical judg

[] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
	Reason for telemetry: Chest pain syndrome
	Can be off of Telemetry for tests and baths? Yes
[] Telemetry Additional Setup Information	Routine, Continuous
[] Telementy Additional Getap information	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
ctivity	
Strict bed rest	Routine, Until discontinued, Starting S
Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bathroom privileges
] Ambulate with assistance	Routine, 3 times daily
	Specify: with assistance
Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
lursing	
X] Head of bed 30 degrees	Routine, Until discontinued, Starting S
	Head of bed: 30 degrees
X] Daily weights	Routine, Daily
X] Intake and Output	Routine, Every 8 hours
1. Padaida aluagga, ayany 4 hayra	Including bowel movements
Bedside glucose - every 4 hours	Routine, Every 4 hours
] Bedside glucose - AC & HS	Routine, 4 times daily 0-30 minutes before meals and at bedtime
Nasogastric Tube Orders	
[] Nasogastric tube insertion	Routine, Once
	Type:
[] Nasogastric tube maintenance	Routine, Until discontinued, Starting S
1 Incort and Maintain Follow	Tube Care Orders:
Insert and Maintain Foley Insert Foley catheter	Routine, Once
[] moent roley editieter	Type:
	Size:
	Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S
[] relay cameter care	Orders: Maintain
Change foley catheter	Routine, Once
] Oral care	Routine, Every 8 hours
lotify	
X] Notify Physician (Specify)	Routine, Until discontinued, Starting S, Active bleeding
	Routine, Until discontinued, Starting S, Change in condition
K] Notify Physician (Specify)	ROULITE, Offili discontinued, Stanting S. Change in condition

[X] Notify Physician(vitals,output,pulse ox)	Routine, Until discontinued, Starting S Temperature greater than: 101.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 80 Diastolic BP greater than: Diastolic BP less than: Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50 Respiratory rate greater than: 30 Respiratory rate less than: 10 SpO2 less than: Urine Output less than: 30ml/hr or less than 250ml/8 hours Output (Specify) greater than: Other:
Diet	
[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
[] NPO-Except ice chips	Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options:
[] Diet-500ml fluid restriction	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Fluid Restriction 500 ml Foods to Avoid:
[] Diet-1000ml fluid restriction	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Fluid Restriction 1000 ml Foods to Avoid:
[] Diet-2gm Sodium	Diet effective now, Starting S Diet(s): 2 GM Potassium Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet-1800 Carb Control Diabetic	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet-Renal(80GM, 2-3GM Na, 2-3GM K)	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet-Clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:

[] Diet-Full liquids	Diet effective now, Starting S Diet(s): Full Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
IV Fluids	
Peripheral IV Access	
[X] Initiate and maintain IV	
[X] Insert peripheral IV	Routine, Once
[X] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[X] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
IV Fluid	
[] sodium chloride 0.45 % infusion 1000 mL	intravenous, at 75 mL/hr, continuous
[] sodium chloride 0.45 % with potassium chloride 2 mEq/L infusion	0 75 mL/hr, intravenous, continuous
[] dextrose 5%-0.45% sodium chloride 1,000 mL info	usion 75 mL/hr, intravenous, continuous
Medications	
Pharmacy Consults	
[X] Pharmacy consult to manage dosing of medication	n Routine, Until discontinued, Starting S Adjust dose for: renal function
Medications	
] zinc sulfate (ZINCATE) capsule	1 capsule, oral, daily
[] magnesium oxide tablet	400 mg, oral, 3 times daily
[] magnesium sulfate 2 g in sodium chloride 0.45 % 100 mL IVPB	0.45 % 2 g, intravenous, for 1 Hours, once, For 1 Doses
[] octreotide (SANDOSTATIN) IV Bolus Once AND Maintenance 25 mcg/hr	"And" Linked Panel
[] octreotide (SANDOSTATIN) bolus injection	100 mcg, intravenous, once, For 1 Doses Bolus once initial dose. Infusion to start immediately after bolus. May cause Q-T interval prolongation.
[] octreotide (SandoSTATIN) maintenance	25 mcg/hr, intravenous, for 40 Hours, continuous
infusion [] octreotide (SANDOSTATIN) IV Bolus Once AND	May cause Q-T interval prolongation "And" Linked Panel
Maintenance 50 mcg/hr	Aliu Lilikeu Fallei
[] octreotide (SANDOSTATIN) bolus injection	100 mcg, intravenous, once, For 1 Doses
	Bolus once initial dose. Infusion to start immediately after bolus. May
[] octreotide (SandoSTATIN) maintenance	cause Q-T interval prolongation. 50 mcg/hr, intravenous, continuous
infusion	May cause Q-T interval prolongation
[] pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600
[] postoprozolo (DDOTONIV) 40 in andi-	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
•	indication(o) for Froton Family initiation (FFF) Therapy.
Ascites [] furosemide (LASIX) injection	40 mg, intravenous, 2 times daily at 0900, 1700
[] furosemide (LASIX) injection	40 mg, oral, 2 times daily at 0900, 1700
[] spironolactone (ALDACTONE) tablet	100 mg, oral, daily MONITOR POTASSIUM LEVELS. AVOID SALT
	SUBSTITUTES UNLESS APPROVED BY MD.
[] bumetanide (BUMEX) injection	1 mg, intravenous, daily
Dumetanide (BUMEX) tablet	1 mg, oral, daily

[] hydrochlorothiazide (HYDRODIURIL) [] albumin human 25 % bottle	25 mg, oral, daily 50 mL, intravenous, at 50 mL/hr, for 60 Minutes, once, For 1
	Doses Indication:
Hepatorenal Syndrome	
[] midodrine (PROAMATINE) tablet	10 mg, oral, 3 times daily at 0900, 1300, 1700 BP HOLD parameters for this order:
[] octreotide (SANDOSTATIN) injection	100 mcg, subcutaneous, every 8 hours
[] albumin human 25 % bottle	50 mL, intravenous, at 50 mL/hr, for 60 Minutes, every 8 hours Indication:
[] albumin human 5 % bottle	12.5 g, intravenous, at 125 mL/hr, for 120 Minutes, every 4 hours, For 2 Doses Indication:
[] albumin human 5 % bottle	25 g, intravenous, at 250 mL/hr, for 120 Minutes, every 4 hours, For 2 Doses Indication:
Spont. Bacterial Peritonitis	
[] Community Acquired SBP - Ceftriaxone	"And" Linked Panel
[] cefTRIAXone (ROCEPHIN) IV	2 g, intravenous, for 30 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication:
[] Hospital Acquired SBP (Hospitalization within the days OR outpatient intravenous therapy within the 30 days) - Cefepime PLUS Metronidazole PLU Vancomycin	ne past
[] ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Reason for Therapy: Bacterial Infection Suspected Indication:
[] metronidazole (FLAGYL)	500 mg, intravenous, for 30 Minutes, every 8 hours Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy: Bacterial Infection Suspected Indication:
[] vancomycin 15 mg/kg IV + Pharmacy Consult Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Bacterial Infection Suspected Indication:
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Reason for Therapy: Bacterial Infection Suspected Indication: Duration of Therapy (Days):
[] Severe Penicillin Allergy - Aztreonam PLUS Var +/- Metronidazole	ncomycin
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Reason for Therapy: Bacterial Infection Suspected Indication:
[] metronidazole (FLAGYL)	500 mg, intravenous, every 8 hours Reason for Therapy: Bacterial Infection Suspected Indication:
[] vancomycin 15 mg/kg IV + Pharmacy Consult Required)	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication:
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication:

] albumin human 25 % bottle	50 mL, intravenous, at 50 mL/hr, once, For 1 Doses Indication:
Encephalopathy	
] lactulose (CHRONULAC) 10 gram/15 mL solution	n 10 g, oral, every 1 hour STOP AFTER FIRST BOWEL MOVEMENT AND START 3 TIMES DAILY DOSING.
] lactulose (CHRONULAC) 10 gram/15 mL solution	
lactulose solution (Enema)	200 g, rectal, once, For 1 Doses
neomycin (MYCIFRADIN) tablet	1,000 mg, oral, 3 times daily Reason for Therapy:
] rifaximin (XIFAXAN) tablet	550 mg, oral, 2 times daily Indication:
Variceal Bleeding / Portal HTN	
] propranolol (INDERAL) tablet	20 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: Contact Physician if:
carvedilol (COREG) tablet	6.25 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: Contact Physician if:
] phytonadione (AQUA-MEPHYTON) injection	10 mg, subcutaneous, daily Indication:
	on "Or" Linked Panel from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[X] acetaminophen (TYLENOL) tablet OR oral solution	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
[X] acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
[X] acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day sources) [X] acetaminophen (TYLENOL) tablet [X] acetaminophen (TYLENOL) suspension	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication.
X acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day sources) [X] acetaminophen (TYLENOL) tablet [X] acetaminophen (TYLENOL)suspension Antiemetics Antiemeti	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient cannot receive oral tablet but can receive oral solution.
X acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day sources) [X] acetaminophen (TYLENOL) tablet [X] acetaminophen (TYLENOL) suspension Antiemetics X ondansetron (ZOFRAN) IV or Oral (Selection Recognition) X Oral (Selection)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient cannot receive oral tablet but can receive oral solution. quired) "Or" Linked Panel
[X] acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day sources) [X] acetaminophen (TYLENOL) tablet [X] acetaminophen (TYLENOL) suspension Antiemetics [X] ondansetron (ZOFRAN) IV or Oral (Selection Recond and Selection Recond and Selectio	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient cannot receive oral tablet but can receive oral solution. quired) "Or" Linked Panel 4 mg, oral, every 8 hours PRN, nausea, vomiting
X acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day sources) [X] acetaminophen (TYLENOL) tablet [X] acetaminophen (TYLENOL) suspension Antiemetics X ondansetron (ZOFRAN) IV or Oral (Selection Recognition) X Oral (Selection)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient cannot receive oral tablet but can receive oral solution. quired) "Or" Linked Panel 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication. 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of
X acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day sources) [X] acetaminophen (TYLENOL) tablet [X] acetaminophen (TYLENOL) suspension Antiemetics X ondansetron (ZOFRAN) IV or Oral (Selection Re X ondansetron ODT (ZOFRAN-ODT) disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection X Ondansetron (ZOFRAN) 4 mg/2 mL inje	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient cannot receive oral tablet but can receive oral solution. quired) "Or" Linked Panel 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication. 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.
X] acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day sources) [X] acetaminophen (TYLENOL) tablet [X] acetaminophen (TYLENOL) suspension Antiemetics X] ondansetron (ZOFRAN) IV or Oral (Selection Reconding IX) ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient cannot receive oral tablet but can receive oral solution. quired) "Or" Linked Panel 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication. 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. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
X acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day sources) [X] acetaminophen (TYLENOL) tablet [X] acetaminophen (TYLENOL) suspension Antiemetics X ondansetron (ZOFRAN) IV or Oral (Selection Recognition [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection promethazine (PHENERGAN) IV or Oral or Rectaments	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient cannot receive oral tablet but can receive oral solution. quired) "Or" Linked Panel 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication. 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. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting
X acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day sources) [X] acetaminophen (TYLENOL) tablet [X] acetaminophen (TYLENOL) suspension Antiemetics X ondansetron (ZOFRAN) IV or Oral (Selection Recognition [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection I promethazine (PHENERGAN) IV or Oral or Rectal promethazine (PHENERGAN) 12.5 mg IV I promethazine (PHENERGAN) 12.5 mg IV	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient cannot receive oral tablet but can receive oral solution. quired) "Or" Linked Panel 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication. 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. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral or notation (ZOFRAN) is ineffective and patient is able to tolerate oral or notation (ZOFRAN) is ineffective and patient is able to tolerate oral or notation (ZOFRAN) is ineffective and patient is able to tolerate oral or notation (ZOFRAN) is ineffective and patient is able to tolerate oral or notation (ZOFRAN) is ineffective and patient is able to tolerate oral or notation (ZOFRAN) is ineffective and patient is able to tolerate oral or notation (ZOFRAN) is ineffective and patient is able to tolerate oral or notation or nota
X acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day sources) X acetaminophen (TYLENOL) tablet [X] acetaminophen (TYLENOL) suspension Antiemetics X ondansetron (ZOFRAN) IV or Oral (Selection Recognition [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet X ondansetron (ZOFRAN) 4 mg/2 mL injection I promethazine (PHENERGAN) IV or Oral or Rectognition [I promethazine (PHENERGAN) 12.5 mg IV I promethazine (PHENERGAN) tablet	from all sources. (Cirrhosis patients maximum: 2 grams per day from all 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to take oral tablet medication. 650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient cannot receive oral tablet but can receive oral solution. quired) "Or" Linked Panel 4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication. 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. al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to

[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
promethazine (PHENERGAN) IV or Oral or Rect	· · · · · · · · · · · · · · · · · · ·
[] promethazine (PHENERGAN) 12.5 mg in	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN,
sodium chloride 0.9 % 0.9 % 20 mL for	nausea, vomiting
Alaris pump syringe option	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
[] promothoring (DLIFNEDCAN) toblet	tolerate oral or rectal medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Re	equired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IVPB or Oral or R	
[] promethazine (PHENERGAN) 25 mg in	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea,
sodium chloride 0.9 % 50 mL IVPB	vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Insomnia: For Patients GREATER than or EQUA	L to 70 years old (Single Response)
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
Insomnia: For Patients LESS than 70 years old (S	Single Response)
() zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
VTE	
DVT Risk and Prophylaxis Tool (Single Response	e) (Selection Required)
VTE/DVT Risk Definitions	URL:
	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL:
A THOO GO WALLEY OF THE PARTIES	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
() Patient currently has an active order for theraper anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis	
Required) [] Moderate risk of VTE	Routine, Once
[] MOGGIAGOTON OF VIE	Nouthio, Onco

[] 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.
propriyiaxio	Therapy for the following:
[] Place sequential compression device (Single R	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Moderate Risk - Patient currently has an active of	rder for
therapeutic anticoagulant or VTE prophylaxis (Se	
Required)	70000011
Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single R	esponse)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() High Risk - Patient currently has an active order	
therapeutic anticoagulant or VTE prophylaxis (Se	election
Required)	D # 0
[] 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 Re	
· · · · · · · · · · · · · · · · · · ·	Routine, Once
() Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following
proprigiaxis	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	- Trouming, Communication
() High Risk - Patient currently has an active order	
therapeutic anticoagulant or VTE prophylaxis (Se	election
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
[1] Place acquential compression device (Circle P.	Therapy for the following:
Place sequential compression device (Single Ref.)Contraindications exist for mechanical	esponse) Routine, Once
` '	No mechanical VTE prophylaxis due to the following
prophylaxis	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Noutine, Continuous
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk factor	ors
rigo loco than oo youro and the other vie horrace	
[] Low Risk (Single Response) (Selection Required	
() Low risk of VTE	Routine, Once
``	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
() MODERATE Risk of DVT - Surgical (Selection Req	uired)

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)

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required)	
 () Contraindications exist for pharmacologic prop BUT order Sequential compression device 	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic 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	hylaxis "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 Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 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 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.	
() 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) (S 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)	tion	
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 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	urs	

[] Moderate Risk (Selection Required)		
[] Moderate risk of VTE	Routine, Once	
[] Moderate Risk Pharmacological Prophylaxis -		
Non-Surgical Patient (Single Response) (Selecti	on	
Required) () Contraindications exist for pharmacologic proplet	nvlaxis - "And" Linked Panel	
Order Sequential compression device	iyiaxis - Aliu Lilikeu Fallei	
[] 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 prople AND mechanical prophylaxis 	nylaxis "And" Linked Panel	
[] Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
[] Control of incident a viet for machanical	contraindication(s):	
[] Contraindications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following	
prophylaxis	contraindication(s):	
() enoxaparin (LOVENOX) injection (Single Response)		
(Selection Required)		
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S	
() (; () () 0 0 1 1 5 0 0 1 ()	Indication(s): VTE Prophylaxis	
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min	
	Indication(s): VTE Prophylaxis	
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S	
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30	
	mL/min	
	Indication(s): VTE Prophylaxis	

() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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	STAT, Until discontinued, Starting S
(COUMADIN) [] Mechanical Prophylaxis (Single Response) (Se	Indication:
Required)	iccion
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
 HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition 	
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 nyeloproliferative disorders)
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgi- (Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() Enoxaparin for VTE Prophylaxis (Single Resp	contraindication(s):
() enoxaparin (LOVENOX) 30 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
() enoxaparin (LOVENOX) 30 mg Every 12 Ho	Indication(s):
[] 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 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
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
· · · · · · · · · · · · · · · · · · ·	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
] Mechanical Prophylaxis (Single Response) (Se	lection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)

High 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 Diels (Colorties Degrained)	
[] 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 Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
, , , , , , , , , , , , , , , , , , , ,	Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S
	For Patients with CrCL LESS than 30 mL/min
	Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
· · · · · · · · · · · · · · · · · · ·	mL/min
	Indication(s): VTE Prophylaxis

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recom	mended 5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleedi weight < 50kg and age > 75yrs)	ng, e.g. Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For P	atients 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 warf	
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Res Required)	sponse) (Selection
() Contraindications exist for mechan	ical Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compres device continuous	ssion Routine, Continuous
HIGH Risk of DVT - Surgical (Hip/Kne	e) (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 of	or Knee
(Arthroplasty) Surgical Patient (Single Respon	se)
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection F	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (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

therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Patient currently has an active order for	Routine, Once
() Moderate Risk - Patient currently has an active of the therapeutic anticoagulant or VTE prophylaxis (Saquired) [] Moderate risk of VTE	
() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)	cation
Anticoagulation Guide for COVID patients	DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
prophylaxis () Place/Maintain sequential compression device continuous	No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Required) () Contraindications exist for mechanical	Routine, Once
(COUMADIN) [] Mechanical Prophylaxis (Single Response) (Sele	Indication: ection
() Pharmacy consult to manage warfarin	Indication: STAT, Until discontinued, Starting S
(XARELTO) therapy () warfarin (COUMADIN) tablet	Indications: VTE prophylaxis oral, daily at 1700, Starting S+1
knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban	Indications: VTE prophylaxis STAT, Until discontinued, Starting S
() Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
() 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.
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 () heparin (porcine) injection (Recommended	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	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 Thrombo autoponia (HIT):
mL/min () fondaparinux (ARIXTRA) injection	mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.

[] Place sequential compression device (Single F	Response)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single F	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required)	election
[] High risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single F	Response)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required)	
[] High risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single F	Response)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fac	tors
[] Low Risk (Single Response) (Selection Require	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
) MODERATE Risk of DVT - Surgical (Selection Red	quired)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Moderate Risk (Selection Required) Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis -	
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro	
BUT order Sequential compression device	F. 7
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic pro AND mechanical prophylaxis	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
· (I O) (ENO) (I : (C) I D	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
() maticata variable atvacas 400 420 km AND	Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30
CICI GREATER Half 30 HE/HIII	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
STOT STREET CHAIN SO THE THIN	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	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.

() warf arin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Single Response)	Selection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) MODERATE Risk of DVT - Non-Surgical (Selection	ction
Required)	
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed.	. Mechanical prophylaxis is optional unless pharmacologic is

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selecti Required)	ion
 () Contraindications exist for pharmacologic prop Order Sequential compression device 	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis 	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
() 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	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 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
()	fondanarinus (ADIVTDA) injection	Indication(s): VTE Prophylaxis
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this
		medication. Contraindicated in patients LESS than 50kg, prior to
		surgery/invasive procedure, or CrCl LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours 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) (Selequired)	ection
	Contraindications exist for mechanical	Routine, Once
` '	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression device continuous	Routine, Continuous
	H Risk of DVT - Surgical (Selection Required)	
		hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
, , , ,		
[] H	ligh Risk (Selection Required)	
	High risk of VTE	Routine, Once
	ligh Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required)	cal Patient
()	Contraindications exist for pharmacologic	Routine, Once
	Contrainated to the pridimacorogic	
()	prophylaxis	No pharmacologic VTE prophylaxis due to the following
	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	prophylaxis Enoxaparin for VTE Prophylaxis (Single Respo	No pharmacologic VTE prophylaxis due to the following contraindication(s): onse)
()	prophylaxis Enoxaparin for VTE Prophylaxis (Single Responsoration (LOVENOX) 30 mg Daily at 1700	No pharmacologic VTE prophylaxis due to the following contraindication(s): onse)
	prophylaxis Enoxaparin for VTE Prophylaxis (Single Responsorable and Single Responsorable and S	No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700
()	prophylaxis Enoxaparin for VTE Prophylaxis (Single Responsoration (LOVENOX) 30 mg Daily at 1700	No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s):
()	prophylaxis Enoxaparin for VTE Prophylaxis (Single Response enoxaparin (LOVENOX) 30 mg Daily at 1700] enoxaparin (LOVENOX) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s):
()	Enoxaparin for VTE Prophylaxis (Single Response enoxaparin (LOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 30 mg Every 12 Hou	No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s):
()	Enoxaparin for VTE Prophylaxis (Single Response enoxaparin (LOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 30 mg Every 12 Hould enoxaparin (LOVENOX) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700
()	Enoxaparin for VTE Prophylaxis (Single Responsable Prophylaxis (IOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s):
() () () () () () ()	Enoxaparin for VTE Prophylaxis (Single Responsaparin (LOVENOX) 30 mg Daily at 1700] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 30 mg Every 12 Hough enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Daily at 1700] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Every 12 Hough enoxaparin (LOVENOX)	No pharmacologic VTE prophylaxis due to the following contraindication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): urs
() () () [() () ()	Enoxaparin for VTE Prophylaxis (Single Responsable Prophylaxis (IOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) 30 mg Every 12 Hough enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Every 12 Hough enoxaparin (LOVENOX) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, every 12 hours Indication(s):
() () () [() () ()	Enoxaparin for VTE Prophylaxis (Single Responsaparin (LOVENOX) 30 mg Daily at 1700] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 30 mg Every 12 Hough enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Daily at 1700] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Every 12 Hough enoxaparin (LOVENOX)	No pharmacologic VTE prophylaxis due to the following contraindication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1
() () () [() () ()	Enoxaparin for VTE Prophylaxis (Single Responsable Prophylaxis (IOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) 30 mg Every 12 Hough enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Every 12 Hough enoxaparin (LOVENOX) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 25 mg, subcutaneous, every 12 hours Indication(s): 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.
() () () [() () ()	Enoxaparin for VTE Prophylaxis (Single Responsable Prophylaxis (IOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) 30 mg Every 12 Hough enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Every 12 Hough enoxaparin (LOVENOX) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): 20 mse) 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 21 strip 40 mg, subcutaneous, every 12 hours Indication(s): 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
() () () [() () ()	Enoxaparin for VTE Prophylaxis (Single Responsable Prophylaxis (IOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) 30 mg Every 12 Hough enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Every 12 Hough enoxaparin (LOVENOX) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): Dinse 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 2.5 mg, subcutaneous, every 12 hours Indication(s): 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.
() () () [() () ()	Enoxaparin for VTE Prophylaxis (Single Responsable Prophylaxis (IOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) 30 mg Every 12 Hough enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Every 12 Hough enoxaparin (LOVENOX) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): Onse) 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 2.5 mg, subcutaneous, every 12 hours Indication(s): 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
() (<u>)</u> (<u>)</u> (<u>)</u> (<u>)</u> (<u>)</u>	Enoxaparin for VTE Prophylaxis (Single Responsaparin (LOVENOX) 30 mg Daily at 1700] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 30 mg Every 12 Hou] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Daily at 1700] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Every 12 Hou enoxaparin (LOVENOX) 40 mg Every 12 Hou enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 2.5 mg, subcutaneous, every 12 hours Indication(s): 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):
() (<u>)</u> (<u>)</u> (<u>)</u> (<u>)</u> (<u>)</u>	Enoxaparin for VTE Prophylaxis (Single Responsaparin (LOVENOX) 30 mg Daily at 1700] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 30 mg Every 12 Hou] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Daily at 1700] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Every 12 Hou] enoxaparin (LOVENOX) 40 mg Every 12 Hou] enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 2.5 mg, subcutaneous, every 12 hours Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() () () () () ()	Enoxaparin for VTE Prophylaxis (Single Responsaparin (LOVENOX) 30 mg Daily at 1700] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 30 mg Every 12 Hou] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Daily at 1700] enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 40 mg Every 12 Hou enoxaparin (LOVENOX) 40 mg Every 12 Hou enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection	No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s): 2.5 mg, subcutaneous, every 12 hours Indication(s): 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 - 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.
(,	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	IGH Risk of DVT - Non-Surgical (Selection Requ	
_A	ddress both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
	High Risk (Selection Required)	Parties Ones
11	High risk of VTE High Risk Pharmacological Prophylaxis - Non-S	Routine, Once
	Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
(enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
	() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1 Indication(s): VTE Prophylaxis
	() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
	() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
	() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
		If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) heparin (porcine) injection	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.
(heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	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 (Recommended for patients with high risk of bleeding, e.g.	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
(heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. 7,500 Units, subcutaneous, every 8 hours
(heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet 	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700
(((heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection 	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication:
(((() H	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) 	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication:
(((() H	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) ddress both pharmacologic and mechanical prop 	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication:
(((() H	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) ddress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE 	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: Ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
(((() H	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) ddress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response) 	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: Routine, Once
() H R A	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) ddress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required) 	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: Routine, Once
() H() A() [] [] [] [] [] [] [] [] [] [] [] [] []	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) ddress both pharmacologic and mechanical prop High Risk (Selection Required) High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required) Contraindications exist for pharmacologic 	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: Routine, Once Knee e) Routine, Once No pharmacologic VTE prophylaxis due to the following

()	Apixaban and Pharmacy Consult (Selection Re	equirea)
[]	apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
		Indications: VTE prophylaxis
[]	Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
	(ELIQUIS) therapy	Indications: VTE prophylaxis
7		
	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	oonse)
()	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
7	anavanaria /I OV/ENOV) auringa. Far	
()	enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, daily at 0600, Starting S+1
	Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
		Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL
` '	Patients weight between 100-139 kg and	Starting S+1
	CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than
	OIOI OILE TIET THAT SO THE TIME	mL/min.
-		Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL
	Patients weight between 140 kg or	Starting S+1
	GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than
	mL/min	mL/min
	2	Indication(s): VTE Prophylaxis
/ \ .	for a demonstration (A DIVTD A) in in ation	
()	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 medica
		Contraindicated in patients LESS than 50kg, prior to surgery/invasiv
		Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min
		Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
	honorin (noroino) inication	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
	heparin (porcine) injection	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() I	heparin (porcine) injection (Recommended	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 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
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() I	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs.
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 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) HEParin (porcine) injection - For Patients with weight GREATER than 100kg	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg Rivaroxaban and Pharmacy Consult (Selectior	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg Rivaroxaban and Pharmacy Consult (Selectior Required)	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg Rivaroxaban and Pharmacy Consult (Selectior	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() 	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg Rivaroxaban and Pharmacy Consult (Selection Required) rivaroxaban (XARELTO) tablet for hip or	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg Rivaroxaban and Pharmacy Consult (Selectior Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg Rivaroxaban and Pharmacy Consult (Selectior Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission Pharmacy consult to monitor rivaroxaban	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg Rivaroxaban and Pharmacy Consult (Selectior Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission Pharmacy consult to monitor rivaroxaban	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy warf arin (COUMADIN) tablet	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication:
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy warfarin (COUMADIN) tablet	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy warf arin (COUMADIN) tablet	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication:
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN)	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) sk and Prophylaxis Tool (Single Response)	Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication:
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() () () () () () () ()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) sk and Prophylaxis Tool (Single Response)	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indication: STAT, Until discontinued, Starting S Indication: URL: "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK
() () () () () () () ()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) sk and Prophylaxis Tool (Single Response)	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indication: STAT, Until discontinued, Starting S Indication: URL: "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy warf arin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) sk and Prophylaxis Tool (Single Response) DVT Risk Definitions	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indication: STAT, Until discontinued, Starting S Indication: URL: "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf"
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) sk and Prophylaxis Tool (Single Response)	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indication: STAT, Until discontinued, Starting S Indication: URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - 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 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy warf arin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) sk and Prophylaxis Tool (Single Response) DVT Risk Definitions	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indication: STAT, Until discontinued, Starting S Indication: URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"

() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

 Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) 		
Moderate risk of VTE	Routine, Once	
Patient currently has an active order for	Routine, Once	
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on	
prophylaxis	therapeutic anticoagulation for other indication.	
propriyiaxis	Therapy for the following:	
[] Place sequential compression device (Single F		
· · · · · · · · · · · · · · · · · ·	<u> </u>	
() Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following	
() Diago/Maintain aggregation aggregation	contraindication(s):	
() Place/Maintain sequential compression device continuous	Routine, Continuous	
() Moderate Risk - Patient currently has an active		
therapeutic anticoagulant or VTE prophylaxis (S	election	
Required)		
[] Moderate risk of VTE	Routine, Once	
[] Patient currently has an active order for	Routine, Once	
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on	
prophylaxis	therapeutic anticoagulation for other indication.	
	Therapy for the following:	
[] Place sequential compression device (Single F	Response)	
() Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following	
1 1 7	contraindication(s):	
() Place/Maintain sequential compression	Routine, Continuous	
device continuous	. 1.5 4.1.1.5, 6.5 1.1.1.4.5.5.5	
() High Risk - Patient currently has an active order	rfor	
therapeutic anticoagulant or VTE prophylaxis (S		
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.	
propriyitaxio	Therapy for the following:	
[] Place sequential compression device (Single F		
	Routine, Once	
() Contraindications exist for mechanical	No mechanical VTE prophylaxis due to the following	
prophylaxis	contraindication(s):	
() Diago/Maintain acquential compression	Routine, Continuous	
() Place/Maintain sequential compression device continuous	Routine, Continuous	
	rfor	
()		
therapeutic anticoagulant or VTE prophylaxis (S	election	
Required)	Daytina Once	
[] 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 F		
() 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		
() LOW Risk of DVT (Selection Required)		
Low Risk Definition		
Age less than 60 years and NO other VTE risk fac	tors	

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

Moderate risk of VTE	Routine, Once
] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop	hylaxis "And" Linked Panel
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[1] Disca (Maintain assuration assuration	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
	contraindication(s):
 () enoxaparin (LOVENOX) injection (Single Responsition (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 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 3
	mL/min
() for depository (ADIVIDA) injection	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 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 (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.
() 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	
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 (Selectic Required)	on
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamr	Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome rs
[] Moderate risk (Gelection Required)	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	
Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic pro AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once

device continuous	
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "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 Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis

() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	Indication(s): VTE Prophylaxis 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 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)	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)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior 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)	Davidina Once
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	Routine, Once cal Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() Enoxaparin for VTE Prophylaxis (Single Resp	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 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

[] 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
	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.
() warf arin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (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	
Dath a bawa a sala sia AND was also sia al was also sia si	and the standard of the standa

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	urgical
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	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	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
()	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30
OIOI GILLATEIX (Hall 50 HIL/HIII)	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) (Se 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) (Selectio Required)	n
High Rick 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 or Knee (Arthroplasty) Surgical Patient (Single Response) (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 I	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 Res (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	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. Indication(s): VTE Prophylaxis
	() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min 	mL/min Indication(s): VTE Prophylaxis
	() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+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
	() heparin (porcine) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
	() Rivaroxaban and Pharmacy Consult (Selection Required)	
	[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
	admission	maloations. V12 propriy axio
	[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
	() warf arin (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) (Songle Required)	
	() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	() Place/Maintain sequential compression	Routine, Continuous
П	device continuous	
0	abs	
G	eneral	
Ī	CBC and differential	Once
L	Hematocrit	Once, Starting S For 1 Occurrences
ļ	Hemoglobin	Once
۱۲	Platelet count	Once
L	Partial thromboplastin time Prothrombin time with INR	Once Once
	Comprehensive metabolic panel	Once
[Basic metabolic panel	Once
[Hepatic function panel	Once
Ī	BUN	Once
1	Creatinine	Once
<u> </u>	Calcium	Once
] [l lonized calcium	Once
1 1	· Processing	UINCA

Once

[] Phosphorus

[] Lipid panel	Once
[] Hemoglobin A1c	Once
Metabolic	
(10voise aigenuiii)	result will auto release 10 days from finalization.):
[] Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once Release to patient (Note: If manual release option is selected,
[] Rheumatoid factor	Once
PTH-related peptide	Once
Partial thromboplastin time	Once
[] Prothrombin time with INR	Once
[] Prealbumin	Once
[] CK isoenzymes	Once
[] Phosphorus	Once
[] Protein electrophoresis, serum	Once
[] Cyclosporine level, random	Once
[] CLO test	Once, Biopsy
[] FK506 Tacrolimus level, random	Once
[] C-reactive protein	Once
The state of the s	Once
[] Calcium	Once
[] Magnesium	Once
GGT	Once
[] Bilirubin, total	Once
[] Bilirubin, direct	Once
[] Lipase	Once
[] Lactate dehydrogenase, LDH	Once
[] Sedimentation rate	Once
[] Erythropoietin	Once
[] Amylase	Once
[] Hepatic function panel	Once
[] Creatinine	Once
[] BUN	Once
[] Basic metabolic panel	Once
[] Comprehensive metabolic panel	Once
[] Platelet count	Once
[] Hemoglobin	Once
[] Hematocrit	Once, Starting S For 1 Occurrences
[] CBC and differential	Once
General - HMSJ	
	result will auto release 10 days from finalization.):
(reverse algorithm)	Release to patient (Note: If manual release option is selected,
[] Syphilis treponema screen with RPR confirmation	Once
[] Lactate dehydrogenase, LDH	Once
[] Sedimentation rate	Once
[] Erythropoietin	Once
[] CK isoenzymes	Once
[] Protein electrophoresis, serum	Once
[] Cyclosporine level, random	Once
[] CLO test	Once, Biopsy
[] FK506 Tacrolimus level, random	Once
[] C-reactive protein	Once
[] GGT	Once
[] Bilirubin, total	Once
[] Bilirubin, direct	Once
[] Lipase	Once
[] Amylase	Once
[] Magnesium	Once
I 	

[] Testosterone	Once
[] TSH	Once
[] T3	Once
[] T4	Once
[] Ferritin	Once
[] Iron	Once
F -	
[] Total iron binding capacity	Once
[] PSA	Once
	Release to patient (Note: If manual release option is selected,
	result will auto release 10 days from finalization.):
[] Transferrin	Once
[] Ceruloplasmin	Once
[] Cryo, globulin and fibrinogen	Once
[] Alpha-1-antitrypsin	Once
Alpha-1 antitrypsin phenotype	Once
[] Uric acid	Once
[] Vitamin A	Once
[] Vitamin B12	Once
[] Folate	Once
[] Vitamin D 25 hydroxy	Once
[] Vitamin E	Once
	Once
[] Zinc	
[] GGT	Once
[] Haptoglobin	Once
[] Troponin T	Once
[] CK total	Once
[] Carnitine, free and total	Once
B-type natriuretic peptide	Once
[] Ammonia	Once
[] Syphilis treponema screen with RPR confirmation	Once
[] Oyprinis reporteria solecti with it committation	
(rovers a algorithm)	Dalagas to nationt (Note: If manual release ention is calcuted
(reverse algorithm)	Release to patient (Note: If manual release option is selected,
	result will auto release 10 days from finalization.):
(reverse algorithm) [] Urinalysis screen and microscopy, with reflex to culture	result will auto release 10 days from finalization.): Once
	result will auto release 10 days from finalization.): Once Specimen Source: Urine
	result will auto release 10 days from finalization.): Once
[] Urinalysis screen and microscopy, with reflex to culture	result will auto release 10 days from finalization.): Once Specimen Source: Urine
	result will auto release 10 days from finalization.): Once Specimen Source: Urine
[] Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site:
[] Urinalysis screen and microscopy, with reflex to culture	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once
[] Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected,
[] Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH [] HIV Ag/Ab combination	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
[] Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once
[] Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total [] Hepatitis A antibody, IgM	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once
[] Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total [] Hepatitis A antibody, IgM [] Hepatitis B surface antibody	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once
[] Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total [] Hepatitis A antibody, IgM	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once
[] Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total [] Hepatitis A antibody, IgM [] Hepatitis B surface antibody	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once
Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH HIV Ag/Ab combination Hepatitis A antibody, total Hepatitis A antibody, IgM Hepatitis B surface antibody Hepatitis B surface Ab, quantitative Hepatitis B surface antigen	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH HIV Ag/Ab combination Hepatitis A antibody, total Hepatitis A antibody, IgM Hepatitis B surface antibody Hepatitis B surface Ab, quantitative Hepatitis B surface antibody, total Hepatitis B surface antibody, total Hepatitis B surface antibody, total	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH HIV Ag/Ab combination Hepatitis A antibody, total Hepatitis A antibody, IgM Hepatitis B surface antibody Hepatitis B surface Ab, quantitative Hepatitis B surface antibody, total Hepatitis B core antibody, total Hepatitis B core antibody, IgM	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH HIV Ag/Ab combination Hepatitis A antibody, total Hepatitis A antibody, IgM Hepatitis B surface antibody Hepatitis B surface Ab, quantitative Hepatitis B surface antigen Hepatitis B core antibody, total Hepatitis B core antibody, IgM Hepatitis B core antibody, IgM Hepatitis B core antibody, IgM Hepatitis B e antibody	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH HIV Ag/Ab combination Hepatitis A antibody, total Hepatitis A antibody, IgM Hepatitis B surface antibody Hepatitis B surface Ab, quantitative Hepatitis B surface antigen Hepatitis B core antibody, total Hepatitis B core antibody, IgM Hepatitis B core antibody, IgM Hepatitis B e antibody Hepatitis B e antigen	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH HIV Ag/Ab combination Hepatitis A antibody, total Hepatitis B surface antibody Hepatitis B surface Ab, quantitative Hepatitis B surface antibody, total Hepatitis B surface antigen Hepatitis B core antibody, total Hepatitis B core antibody, IgM Hepatitis B core antibody, IgM Hepatitis B e antibody Hepatitis B e antibody Hepatitis B e antigen Hepatitis B virus (HBV), quantitative PCR	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH HIV Ag/Ab combination Hepatitis A antibody, total Hepatitis A antibody, IgM Hepatitis B surface antibody Hepatitis B surface Ab, quantitative Hepatitis B surface antigen Hepatitis B core antibody, total Hepatitis B core antibody, IgM Hepatitis B core antibody, IgM Hepatitis B e antibody Hepatitis B e antigen	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH HIV Ag/Ab combination Hepatitis A antibody, total Hepatitis B surface antibody Hepatitis B surface Ab, quantitative Hepatitis B surface antibody, total Hepatitis B surface antigen Hepatitis B core antibody, total Hepatitis B core antibody, IgM Hepatitis B core antibody, IgM Hepatitis B e antibody Hepatitis B e antibody Hepatitis B e antigen Hepatitis B virus (HBV), quantitative PCR	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total [] Hepatitis B surface antibody [] Hepatitis B surface Ab, quantitative [] Hepatitis B surface antibody [] Hepatitis B surface antibody [] Hepatitis B surface antibody [] Hepatitis B core antibody, total [] Hepatitis B core antibody, IgM [] Hepatitis B core antibody [] Hepatitis B e antibody [] Hepatitis B e antibody [] Hepatitis B virus (HBV), quantitative PCR [] Hepatitis C antibody [] Hepatitis C genotype	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total [] Hepatitis B surface antibody [] Hepatitis B surface Ab, quantitative [] Hepatitis B surface antibody [] Hepatitis B core antibody, total [] Hepatitis B surface Pb, quantitative [] Hepatitis B core antibody, total [] Hepatitis B core antibody, total [] Hepatitis B core antibody [] Hepatitis B e antibody [] Hepatitis B e antibody [] Hepatitis C antibody [] Hepatitis C antibody [] Hepatitis C genotype [] Hepatitis C virus (HCV), quantitative PCR	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total [] Hepatitis B surface antibody [] Hepatitis B surface antibody [] Hepatitis B surface Ab, quantitative [] Hepatitis B surface antigen [] Hepatitis B core antibody, total [] Hepatitis B core antibody, total [] Hepatitis B core antibody, IgM [] Hepatitis B core antibody [] Hepatitis B e antibody [] Hepatitis B e antigen [] Hepatitis C antibody [] Hepatitis C antibody [] Hepatitis C genotype [] Hepatitis C virus (HCV), quantitative PCR [] Hepatitis delta virus	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Once
Urinalysis screen and microscopy, with reflex to culture Viral Workup - HMH HIV Ag/Ab combination Hepatitis A antibody, total Hepatitis B surface antibody Hepatitis B surface Ab, quantitative Hepatitis B surface antigen Hepatitis B core antibody, total Hepatitis B core antibody, IgM Hepatitis B core antibody, total Hepatitis B core antibody, IgM Hepatitis B e antibody Hepatitis B e antigen Hepatitis B virus (HBV), quantitative PCR Hepatitis C antibody Hepatitis C genotype Hepatitis C virus (HCV), quantitative PCR	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total [] Hepatitis B surface antibody [] Hepatitis B surface antibody [] Hepatitis B surface antigen [] Hepatitis B core antibody, total [] Hepatitis B core antibody, total [] Hepatitis B core antibody, total [] Hepatitis B core antibody, lgM [] Hepatitis B e antigen [] Hepatitis B e antigen [] Hepatitis C antibody [] Hepatitis C antibody [] Hepatitis C qenotype [] Hepatitis C virus (HCV), quantitative PCR [] Hepatitis delta virus [] Hepatitis delta virus (HDV) Ab, lgM	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Once
Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total [] Hepatitis B surface antibody [] Hepatitis B surface antibody [] Hepatitis B surface Ab, quantitative [] Hepatitis B surface antigen [] Hepatitis B core antibody, total [] Hepatitis B core antibody, total [] Hepatitis B core antibody, IgM [] Hepatitis B e antibody [] Hepatitis B e antibody [] Hepatitis C antibody [] Hepatitis C antibody [] Hepatitis C genotype [] Hepatitis C virus (HCV), quantitative PCR [] Hepatitis delta virus [] Hepatitis delta virus (HDV) Ab, IgM Viral Workup - HMSL/HMW	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Once
Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total [] Hepatitis B surface antibody [] Hepatitis B surface antibody [] Hepatitis B surface antibody [] Hepatitis B surface Ab, quantitative [] Hepatitis B surface antibody, total [] Hepatitis B core antibody, total [] Hepatitis B core antibody, IgM [] Hepatitis B core antibody [] Hepatitis B e antibody [] Hepatitis B e antibody [] Hepatitis C antibody [] Hepatitis C virus (HBV), quantitative PCR [] Hepatitis C virus (HCV), quantitative PCR [] Hepatitis delta virus [] Hepatitis delta virus [] Hepatitis delta virus (HDV) Ab, IgM Viral Workup - HMSL/HMW [] Cytomegalovirus antibody, IgG	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Onc
Viral Workup - HMH [] HIV Ag/Ab combination [] Hepatitis A antibody, total [] Hepatitis B surface antibody [] Hepatitis B surface antibody [] Hepatitis B surface Ab, quantitative [] Hepatitis B surface antigen [] Hepatitis B core antibody, total [] Hepatitis B core antibody, total [] Hepatitis B core antibody, IgM [] Hepatitis B e antibody [] Hepatitis B e antibody [] Hepatitis C antibody [] Hepatitis C antibody [] Hepatitis C genotype [] Hepatitis C virus (HCV), quantitative PCR [] Hepatitis delta virus [] Hepatitis delta virus (HDV) Ab, IgM Viral Workup - HMSL/HMW	result will auto release 10 days from finalization.): Once Specimen Source: Urine Specimen Site: Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Once Once Once Once Once Once Once Once

L1 Outs as a sale in as (OMA) () DOD	0
[] Cytomegalovirus (CMV), PCR	Once Specimen Source: Plasma
[] Cytomeg lgG/lgM	Once
[] Epstein-Barr virus antibody test	Once
[] Epstein Barr Virus (EBV) by PCR	Once
	Specimen Source: Plasma
[] Rapid HIV 1 & 2	Once
[1] . (4)	Release to patient (Note: If manual release option is selected,
	result will auto release 10 days from finalization.):
[] Hepatitis A antibody, total	Once
[] Hepatitis A antibody, IgM	Once
[] Hepatitis B core antibody, IgM	Once
[] Hepatitis B core antibody, total	Once
[] Hepatitis B e antibody	Once
[] Hepatitis B e antigen	Once
[] Hepatitis B surface antibody	Once
[] Hepatitis B surface Ab, quantitative	Once
[] Hepatitis B surface antigen	Once
[] Hepatitis B virus (HBV), quantitative PCR	Once
[] Hepatitis C antibody	Once
[] Hepatitis C genotype	Once
[] Hepatitis C virus (HCV), quantitative PCR	Once
[] Hepatitis delta virus	Once
[] Hepatitis delta virus (HDV) Ab, IgM	Once
[] Hepatitis E virus Ab, IgG by ELISA	Once
[] Hepatitis E virus Ab, IgM by ELISA	Once
[] Herpes simplex virus, PCR	Once
	Specimen Source: Plasma
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Viral Workup - HMCL, HMTW, HMSJ, HMWB	
[] Cytomegalovirus antibody, IgG	Once
[] Cytomegalovirus antibody, IgM	Once
[] Cytomegalovirus (CMV), PCR	Once
	Specimen Source: Plasma
[] Cytomeg lgG/lgM	Once
[] Epstein-Barr virus antibody test	Once
[] Epstein Barr Virus (EBV) by PCR	Once
	Specimen Source: Plasma
[] HIV 1, 2 antibody	Once
	Release to patient (Note: If manual release option is selected,
[1] Hangtitis A spatible du Astal	result will auto release 10 days from finalization.):
[] Hepatitis A antibody, total	Once
Hepatitis A antibody, IgM	Once
Hepatitis B core antibody, IgM	Once
[] Hepatitis B core antibody, total	Once
Hepatitis Be antibody	Once
[] Hepatitis Be antigen	Once
[] Hepatitis B surface antibody	Once
[] Hepatitis B surface Ab, quantitative	Once
[] Hepatitis B surface antigen	Once
[] Hepatitis B virus (HBV), quantitative PCR	Once
[] Hepatitis C antibody	Once
[] Hepatitis C genotype	Once
[] Hepatitis C virus (HCV), quantitative PCR	Once
[] Hepatitis delta virus	Once
[] Hepatitis delta virus (HDV) Ab, IgM	Once
[] Hepatitis E virus Ab, IgG by ELISA	Once
[] Hepatitis E virus Ab, IgM by ELISA	Once
[] Herpes simplex virus, PCR	Once
	Specimen Source: Plasma

Autoimmune Workup	
[] Anti smooth muscle Ab screen	Once
[] Gliadin peptide Abs, IgA and IgG	Once
[] Tissue transglutaminase, lgA	Once
[] Tissue transglutaminase, lgG	Once
[] Liver-kidney microsome Ab, IgG	Once
[] ANA	Once
[] Anti mito chondria screen	Once
[] Immunoglobulin G	Once
[] Immunoglobulin A	Once
[] Immunoglobulin M	Once
[] Immunoglobulin E	Once
Cancer Workup	
[] Alpha fetoprotein	Once
	Release to patient (Note: If manual release option is selected,
[] OF A	result will auto release 10 days from finalization.):
[] CEA	Once Release to patient (Note: If manual release option is selected,
	result will auto release 10 days from finalization.):
[] Cancer antigen 19-9	Once
[] CA 125	Once
[1] 6/(126	Release to patient (Note: If manual release option is selected,
	result will auto release 10 days from finalization.):
[] Chromogranin A	Once
[] Gastrin	Once
Copper Studies	
[] Ceruloplasmin	Once
[] Copper, serum	Once
[] Copper, urine	Once
Stool Studies	
	0 177 15 5 00 00 1
[] Occult blood, stool	Conditional Frequency For 3 Occurrences, Stool
	When specimen available
Stool culture Ova & Parasites-Concentrated Examination	Once For 1 Occurrences, Stool Once, Stool
[] Fecal lactoferrin	Once, Stool
[] Giardia antigen	Once, Stool
[] Potassium, stool	Once, Starting S For 1 Occurrences, Stool
Sodium, stool	Once, Starting S For 1 Occurrences, Stool
[] Fecal fat, qualitative	Once, Stool
[] Cryptosporidium antigen, stool	Once, Stool
[] Porphyrin, total	Once
[] C difficile toxin / Gastrointestinal panels	
[] Enteric pathogen panels	
[] Enteric bacterial panel - Campylobacter	Once, Stool
spp., Enterotoxigenic E. coli (ETEC),	
Shigella spp./EIEC, Shiga-toxin producing	
E. coli (STEC), Salmonella spp., Shigella	
dysenteriae, P. shigelloides, Vibrio, Y. enterocolitica	
enterocolitica Enteric parasitic panel - G. lamblia,	Once, Stool
Cryptosporidium, E. histolytica	
[] Enteric viral panel - Norovirus GI & GII,	Once, Stool
Rotavirus A, Adenovirus F40/41, Sapovirus (genogroups I, II, IV, V), Human Astrovirus	
(hAstro)	
(

 Patient has been an inpatient for greater that C. difficile testing is appropriate for new onse Gastrointestinal Panel testing is not appropriate appropriate questions, please call the Microbiology at 713-441-0330. 	et diarrhea. iate. If you
[] C difficile toxin	Once, Stool Reason to order: Risk factors:
[] Patient has received a laxative, enema or m with laxative effect. C. difficile or Gastrointes testing is not appropriate until laxative medic been discontinued for 48 hours. If you have please call the Microbiology Laboratory at 7 (Selection Required)	edication stinal panel cation has questions,
@LAXPRINTGROUP@ @ENEMAPRINTGROUP@	
[] Fecal lactoferrin	Once, Stool
[] Fecal calprotectin	Once, Stool
[] C difficile toxin (Single Response)	Once Steel
() C difficile toxin	Once, Stool Reason to order: Risk factors:
() Gastrointestinal panel	Once, Stool
[] Patient had a previous positive C. difficile / Gastrointestinal panel in the prior 14 days. F difficile or Gastrointestinal panel testing is not appropriate. If you have questions, please c Microbiology Laboratory at 713-441-0330. @LASTLAB(CDIFFTOX,GASTROPANEL)@	ot all the
[] Fecal lactoferrin	Once, Stool
[] Fecal calprotectin	Once, Stool
[] Enteric Precautions	
[] Enteric isolation status	Details
Misc Referral Lab Test	
] Hemochromatosis (HFE) 3 mutations	Once
Hepatitis B virus DNA, Qualitative	Once Hepatitis B virus DNA, Qualitative
DCP (PIVKA II)	Once DCP (PIVKA II)
] AFP-L3%	Once AFP-L3%
Microbiology	
] Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Cardiology

[] Echocardiogram with agitated saline	Routine, 1 time imaging, Starting S at 1:00 AM
Diagnostic Imaging	
СТ	
[] CT Abdomen W/WO Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the	panel with Readi-Cat (barium sulfate).
[] CT Abdomen W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Liver protocol
[] iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
[] CT Chest Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
MRI/MRA	
[] MRI Abdomen W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Gadolinium contrast
[] MRI Abdomen W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 EOVIST contrast
MRI Cholangiogram	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRI Bone Survey	Routine, 1 time imaging, Starting S at 1:00 AM For 1
X-Ray	
[] CHEST2VW	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] Upper GI and Small Bowel	Routine, 1 time imaging, Starting S at 1:00 AM For 1
US	
[] US Abdomen Complete	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] US Abdominal Limited	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] US Hepatic	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] US Abdominal Doppler	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Other Diagnostic Studies	
Other Diagnostic Studies	
[] NM Hepatobiliary	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] NM Gastric Emptying	Routine, 1 time imaging, Starting S at 1:00 AM For 1 4 hours
[] IR Consult To Interventional Radiology	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Transjugular liver biopsy with portal pressure measurements.
[] Image Guidance Biopsy	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Conculto	
Consults	
Physician Consults	
[] Consult Hepatology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
Ancillary Consults	
[] Consult to case management	Consult Reason:
Consult to social work	Reason for Consult:
[] PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable). Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
	Weight Bearing Status:
[] Consult PT wound care	Special Instructions: Location of Wound?

[] OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply):
	Are there any restrictions for positioning or mobility?
	Please provide safe ranges for HR, BP, O2 saturation (if
	values are very abnormal):
	Weight Bearing Status:
[] Consult to Nutrition	Reason For Consult?
	Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Speech Langauge Pathology	Routine, Once
	Reason for consult:
[] Consult to Wound Ostomy Care Nurse	Reason for consult:
	Consult for NPWT:
	Reason for consult:
	Reason for consult:
[] Consult transplant social work	Reason for Consult?
	Organ Transplant: