

Hemorrhagic Stroke Only Appears If: **SB IP AND NON-ED PATIENTS**

If placing an EVD, please use Intracranial Pressure Monitor order set for all management

General

Common Present on Admission Diagnosis Only Appears If: **SB IP ORDERSET HMH ONLY**

Present on Admission

Phase of Care:

Abdominal pain

Phase of Care:

Back pain

Phase of Care:

Chest pain

Phase of Care:

Cough

Phase of Care:

COVID - 19

Phase of Care:

Dizziness

Phase of Care:

Fall

Phase of Care:

Fever

Phase of Care:

Headache

Phase of Care:

Hypertension

Phase of Care:

Nausea

Phase of Care:

Shortness of breath

Phase of Care:

Vomiting

Phase of Care:

Weakness-generalized

Phase of Care:

Admission or Observation (Selection Required) Only Appears If: **SB ACTIVE OR COMPLETED ADMIT ORDER HMH ONLY**

Admit to inpatient

Diagnosis:

Phase of Care:

Process Instructions:

Questions:

Admitting Physician:

Level of Care: [Acute] [IMU] [ICU] [Acute Telemetry] [Level 1 Nursery]

Patient Condition:

Bed request comments:

Certification: **[I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.]**

Admit to IP- University Teaching Service

Diagnosis:

Phase of Care:

Process Instructions: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from

Clinical Staff" sections in the Summary\Overview tab of Epic.

Questions:

Admitting Physician:
Resident Physician:
Resident team assignment:
Level of Care: [Acute] [IMU] [ICU] [Acute Telemetry] [Level 1 Nursery]
Patient Condition:
Bed request comments:
Certification: [I certify that based on my best clinical judgement and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.] [I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.]

() Outpatient observation services under general supervision

Diagnosis:
Phase of Care:
Process Instructions:

Questions:

Admitting Physician:
Attending Provider:
Patient Condition:
Bed request comments:

() UTS - Outpatient observation services under general supervision

Diagnosis:
Phase of Care:
Process Instructions: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

Questions:

Admitting Physician:
Resident Physician:
Resident team assignment:
Patient Condition:
Bed request comments:

() Outpatient in a bed - extended recovery

Diagnosis:
Phase of Care:
Process Instructions:

Questions:

Admitting Physician:
Bed request comments:

Admission or Observation Only Appears If: **SB HM IP ADMIT/OBS ORDERS NOT REQUIRED HMH**

Patient has active status order on file

() Admit to inpatient

Diagnosis:
Phase of Care:
Process Instructions:

Questions:

Admitting Physician:
Level of Care: [Acute] [IMU] [ICU] [Acute Telemetry] [Level 1 Nursery]
Patient Condition:
Bed request comments:
Certification: [I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.]

() Admit to IP- University Teaching Service

Diagnosis:
Phase of Care:

Process Instructions: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

Questions:

Admitting Physician:
Resident Physician:
Resident team assignment:
Level of Care: [Acute] [IMU] [ICU] [Acute Telemetry] [Level 1 Nursery]
Patient Condition:
Bed request comments:
Certification: [I certify that based on my best clinical judgement and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.] [I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.]

() Outpatient observation services under general supervision

Diagnosis:
Phase of Care:
Process Instructions:

Questions:

Admitting Physician:
Attending Provider:
Patient Condition:
Bed request comments:

() UTS - Outpatient observation services under general supervision

Diagnosis:
Phase of Care:
Process Instructions: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

Questions:

Admitting Physician:
Resident Physician:
Resident team assignment:
Patient Condition:
Bed request comments:

() Outpatient in a bed - extended recovery

Diagnosis:
Phase of Care:
Process Instructions:

Questions:

Admitting Physician:
Bed request comments:

Admission Only Appears If: SB HM IP ADMIT ORDER ONLY HMH

Patient has active status order on file.

() Admit to inpatient

Diagnosis:
Phase of Care:
Process Instructions:

Questions:

Admitting Physician:
Level of Care: [Acute] [IMU] [ICU] [Acute Telemetry] [Level 1 Nursery]
Patient Condition:
Bed request comments:
Certification: [I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.]

Code Status Only Appears If: SB PHYSICIAN ONLY NO RESIDENTS OR FELLOWS HMH

() Full code

Phase of Care:

Questions:

Code Status decision reached by: [Patient] [Patient by means of Directive] [Legal Surrogate]

() DNR (Selection Required)

[X] DNR (Do Not Resuscitate)

Phase of Care:

Questions:

Did the patient/surrogate require the use of an interpreter? [Yes] [No]
Did the patient/surrogate require the use of an interpreter? [Yes] [No]
Does patient have decision-making capacity? [Yes] [No]

[] Consult to Palliative Care Service (Selection Required) Only Appears If: SB IP ORDERSET NOT HMSTC

[X] Consult to Palliative Care Service

Comments:
Process Instructions:

Questions:

Priority: [24 Hrs.] [Same Day] [ASAP]
Reason for Consult? [Assistance with advance directives] [Assistance with clarification of goals of care] [Assistance with withdrawal of life prolonging interventions] [Hospice discussion] [Facilitation of Family Care Conference] [Pain] [Psychosocial support] [Symptom management] [End of Life Care Discussion] [Introductions/Established Care] [Other]
Order? [Make recommendations only] [Make recommendations and write orders]
Name of referring provider:
Enter call back number:

[] Consult to Social Work

Phase of Care:
Comments:

Questions:

Reason for Consult: [Adoption] [Chemical Dependency] [Deaf] [Discharge Planning] [Fetal Demise] [Discharge Placement] [Hospice Referral] [SNF] [Suspected Abuse] [Suspected Domestic Violence] [Teen Pregnancy] [Human Trafficking] [Dialysis Placement] [SDOH] [Other Specify]

() Modified Code

Phase of Care:

Questions:

Did the patient/surrogate require the use of an interpreter? [Yes] [No]
Did the patient/surrogate require the use of an interpreter? [Yes] [No]
Does patient have decision-making capacity? [Yes] [No]
Modified Code restrictions: [No Intubation] [No Chest Compressions] [No Electrical Shocks] [No Resuscitative Drugs]

() Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))

Phase of Care:

Questions:

I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. [Yes]
Treatment Restriction decision reached by: [Patient] [Patient by means of Directive] [Legal Surrogate]
Specify Treatment Restrictions: [No Intubation and mechanical ventilation] [No Re-intubation] [No Non-invasive ventilation] [No Electrical shock/cardioversion] [No Pacemaker] [No Pressors/Inotropes/Chronotropes] [No Increases in Pressors/Inotropes/Chronotropes] [No Invasive hemodynamic monitoring] [No Dialysis] [No Antibiotics] [No Infusion of blood products] [No Intravenous fluids] [No Artificial nutrition/artificial hydration] [No Intensive care unit] [Other Treatment Restrictions]

Isolation Only Appears If: SB IP ORDERSET HHM ONLY

[] Airborne isolation status (Selection Required)

[X] Airborne isolation status

Comments:

Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.

Frequency: **Once** [STAT] [AM Draw] [Timed]
Specimen type:
Specimen source:
Comments:
Phase of Care:

Contact isolation status

Comments:

Droplet isolation status

Comments:

Enteric isolation status

Comments:

Precautions Only Appears If: SB IP ORDERSET HHM ONLY

Aspiration precautions

Comments:
Process Instructions:
Phase of Care:

Fall precautions

Comments:
Process Instructions:
Phase of Care:

Questions:

Increased observation level needed: [Yes] [No]

Latex precautions

Comments:
Process Instructions:
Phase of Care:

Seizure precautions

Comments:
Process Instructions:
Phase of Care:

Questions:

Increased observation level needed: [Yes] [No]

Nursing

Vital Signs Only Appears If: SB IP ORDERSET NOT HHM

Vital Signs

Priority: **Routine** [STAT]
Frequency: **Every 15 min** [Q1H] [Q2H] [Q4H] [Per Unit Protocol]
Comments: Every 15 minutes x 2 hours then every 1 hour. For Temp, check every 4 hours.
Phase of Care:

Vital Signs Only Appears If: SB IP ORDERSET HHM ONLY

Vital Signs

Priority: **Routine** [STAT]
Frequency: **Every hour** [Q1H] [Q2H] [Q4H] [Per Unit Protocol]
Comments: Aligned with neurological assessments.
Phase of Care:

Activity

Strict bed rest

Priority: **Routine**
Frequency: **Until discontinued, Starting S** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care:

Ambulate with assistance

Priority: **Routine**

Frequency: **[3 times daily]** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care:

Questions:

Specify: [in hall] [in room] **[with assistance]** [with assistive device]

Elevate Head of bed 30 degrees

Priority: **[Routine]** [STAT]
Frequency: Until discontinued, Starting S
Comments:
Phase of Care:

Questions:

Head of bed: [flat] **[30 degrees]** [45 degrees] [60 degrees]

Nursing Only Appears If: **SB IP ORDERSET NOT HMH**

Intake and output

Priority: **[Routine]** [STAT]
Frequency: **[Every shift]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments:
Phase of Care:

Hold PO including oral meds if Patient fails dysphagia screening

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Once] [Until Discontinued]
Comments: Hold PO including oral meds if Patient fails dysphagia screening.
Phase of Care:

Dysphagia screen

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.
Phase of Care:

Bladder scan

Priority: **[Routine]** [STAT]
Frequency: **[Every 4 hours]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments: Straight cath if volume GREATER than*** mL.
Phase of Care:

Straight cath

Priority: **[Routine]** [STAT]
Frequency: **[Conditional Frequency For 2 Occurrences]** [Once] [Q4H] [Q Shift] [Daily]
Comments: If unable to void, straight cath every 6 hours for two attempts.
Phase of Care:

Insert Foley catheter

Priority: **[Routine]** [STAT]
Frequency: **[Conditional Frequency For 1 Occurrences]** [Once] [Q4H] [Q Shift] [Daily]
Comments: After two attempts with straight cath.
Phase of Care:

Questions:

Type: [2 Way] [3 Way] [Coude] [Temperature Sensing]
Size: [14 French] [16 French] [18 French]
Urinometer needed: [Yes] [No]
Indication: [Comfort] [Hemodynamic Monitoring] [Obstruction] [Retention] [Urologic] [Surgery]

Neurological assessment

Priority: **[Routine]** [STAT]
Frequency: **[Every 15 min For 2 Hours]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments:
Phase of Care:

Questions:

Assessment to Perform: [Cranial Nerves] [Glasgow Coma Scale] [Level of Consciousness] [Level of Sedation] [Pupils] [Spinal exams] [Motor exam]

NIH Stroke Scale

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: Perform on Admission.
Phase of Care:

NIH Stroke Scale

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: Perform every shift.
Phase of Care:

NIH Stroke Scale

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: On Discharge.
Phase of Care:

Glasgow coma scale

Priority: **[Routine]** [STAT]
Frequency: **[Every shift]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments:
Phase of Care:

Insert feeding tube weighted

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q4H] [Q Shift] [Daily]
Comments:
Phase of Care:

Provide educational material

Priority: **[Routine]**
Frequency: **[Once]** [Prior to Discharge]
Comments: Hemorrhagic stroke education.
Phase of Care:

Place sequential compression device (Selection Required)

Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Comments:
Phase of Care:

Oral care

Priority: **[Routine]** [STAT]
Frequency: **[2 times daily]** [BID] [Q8H] [Q Shift]
Comments:
Phase of Care:

Nursing Only Appears If: SB IP ORDERSET HMH ONLY

Intake and output

Priority: **[Routine]** [STAT]
Frequency: **[Every shift]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments:
Phase of Care:

Hold PO including oral meds if Patient fails dysphagia screening

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Once] [Until Discontinued]
Comments: Hold PO including oral meds if Patient fails dysphagia screening.
Phase of Care:

Dysphagia screen

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.
Phase of Care:

Bladder scan

Priority: **[Routine]** [STAT]
Frequency: **[Every 4 hours]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments: Straight cath if volume GREATER than*** mL.
Phase of Care:

Straight cath

Priority: **[Routine]** [STAT]
Frequency: **[Conditional Frequency For 2 Occurrences]** [Once] [Q4H] [Q Shift] [Daily]
Comments: If unable to void, straight cath every 6 hours for two attempts.
Phase of Care:

Insert Foley catheter

Priority: **[Routine]** [STAT]
Frequency: **[Conditional Frequency For 1 Occurrences]** [Once] [Q4H] [Q Shift] [Daily]
Comments: After two attempts with straight cath.
Phase of Care:

Questions:

Type: [2 Way] [3 Way] [Coude] [Temperature Sensing]
Size: [14 French] [16 French] [18 French]
Urinometer needed: [Yes] [No]
Indication: [Comfort] [Hemodynamic Monitoring] [Obstruction] [Retention] [Urologic] [Surgery]

Neurological assessment

Priority: **[Routine]** [STAT]
Frequency: **[Every hour]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments:
Phase of Care:

Questions:

Assessment to Perform: [Cranial Nerves] [Glasgow Coma Scale] **[Level of Consciousness]** [Level of Sedation] **[Pupils]** [Spinal exams] **[Motor exam]**

NIH Stroke Scale

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: Perform on Admission.
Phase of Care:

NIH Stroke Scale

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: Perform every shift.
Phase of Care:

NIH Stroke Scale

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: On Discharge.
Phase of Care:

Glasgow coma scale

Priority: **[Routine]** [STAT]
Frequency: **[Every shift]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments:
Phase of Care:

Insert feeding tube weighted

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q4H] [Q Shift] [Daily]
Comments:
Phase of Care:

Provide educational material

Priority: **[Routine]**
Frequency: **[Once]** [Prior to Discharge]
Comments: Hemorrhagic stroke education.
Phase of Care:

Place sequential compression device (Selection Required)

Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Comments:
Phase of Care:

Oral care

Priority: **Routine**] [STAT]
Frequency: **2 times daily**] [BID] [Q8H] [Q Shift]
Comments:
Phase of Care:

Diet

NPO

Frequency: **Diet effective now, Starting S**] [Effective Midnight] [Effective Now] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective _____]
Comments: Until dysphagia assessment/bedside swallow study completed successfully.
Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.
Phase of Care:

Questions:

NPO: [Except meds] [Except Ice chips] [Except Sips with meds] [Except Sips of clear liquids]
Pre-Operative fasting options:

Notify

Notify Physician

Priority: Routine
Frequency: **Until discontinued, Starting S**] [Until Discontinued] [Once]
Comments: If unable to void on third attempt and foley inserted
Phase of Care:

Notify Physician if Systolic BP greater than 160 mmHg

Priority: Routine
Frequency: **Until discontinued, Starting S**] [Until Discontinued] [Once]
Comments:

Questions:

Temperature greater than:
Temperature less than:
Systolic BP greater than: 160
Systolic BP less than:
Diastolic BP greater than:
Diastolic BP less than:
MAP less than:
Heart rate greater than (BPM):
Heart rate less than (BPM):
Respiratory rate greater than:
Respiratory rate less than:
SpO2 less than:

Notify Physician for temperature GREATER than or EQUAL to 100.4 F (38 C)

Priority: Routine
Frequency: **Until discontinued, Starting S**] [Until Discontinued] [Once]
Comments: For temperature GREATER than or EQUAL to 100.4 F (38 C)
Phase of Care:

Notify Physician if O2 Sat is less than 94%

Priority: Routine
Frequency: **Until discontinued, Starting S**] [Until Discontinued] [Once]
Comments: Notify Physician if O2 Sat is less than 94%
Phase of Care:

Stroke Coordinator Tracking

Stroke coordinator tracking

Priority: **Routine**]
Frequency: **Until discontinued, Starting S**] [Until Discontinued]
Comments: This order serves to populate patient on the Stroke Coordinators' patient list. Discontinuation of this order will remove patient from the list. No action is needed by nursing.
Phase of Care:

IV Fluids

IV Fluids

sodium chloride 0.9 % infusion

Dose:
Route: **intravenous**]

Rate:
Duration:
Frequency: **[continuous]** [Continuous]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion

Dose: [50 mL/hr] [75 mL/hr] [100 mL/hr] [125 mL/hr]
Route: **[intravenous]**
Rate:
Duration:
Frequency: **[continuous]** [Continuous]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [hypokalemia] [hypokalemia prevention]

Peripheral IV Access

Initiate and maintain IV (Selection Required)

Insert peripheral IV

Priority: **[Routine]**
Frequency: **[Once]**
Comments:
Phase of Care:

sodium chloride 0.9 % flush

Dose: [2 mL] [3 mL] [5 mL] **[10 mL]**
Route: **[intravenous]** [intra-catheter]
Rate:
Duration:
Frequency: **[every 12 hours scheduled]** [Q8H] [PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

sodium chloride 0.9 % flush

Dose: [2 mL] [3 mL] [5 mL] **[10 mL]**
Route: **[intravenous]** [intra-catheter]
Rate:
Duration:
Frequency: [Q8H] **[PRN]**
PRN comment: **[line care]**
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Medications

Hypertensive Urgency - Once Orders

labetalol (NORMODYNE, TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM

Dose: [2.5 mg] [5 mg] **[10 mg]** [15 mg] [20 mg] [40 mg] [80 mg]
Route: **[intravenous]**
Rate:
Duration:
Frequency: **once**
Frequency Start:
Number of Doses: 1 Doses
Phase of Care:
Administration instructions:
Systolic Blood Pressure GREATER than 160 mmHg. Administer at 2
Mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM
Indications: [pheochromocytoma adjunct therapy] [hypertension] [angina]

hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)

Dose: [2.5 mg] [5 mg] **[10 mg]** [20 mg]
Route: **[intravenous]**
Rate:
Duration:

Frequency: once
Frequency Start:
Number of Doses: 1 Doses
Phase of Care:
Administration instructions: Systolic Blood Pressure GREATER than 160 mmHg. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)
Indications: [hypertension] [chronic heart failure]

Questions:

BP HOLD parameters for this order: [BP Hold Parameters requested] [ONCE or PRN Orders - No Hold Parameters Needed]
Contact Physician if:

Hypertensive Urgency - PRN Orders

[X] labetalol (NORMODYNE, TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM

Dose: [2.5 mg] [5 mg] [10 mg] [15 mg] [20 mg] [40 mg] [80 mg]
Route: [intravenous]
Rate:
Duration:
Frequency: every 6 hours PRN
PRN comment: [high blood pressure] Systolic Blood Pressure GREATER than 160 mmHg
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM.
Indications: [pheochromocytoma adjunct therapy] [hypertension] [angina]

[X] hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)

Dose: [2.5 mg] [5 mg] [10 mg] [20 mg]
Route: [intravenous]
Rate:
Duration:
Frequency: every 6 hours PRN
PRN comment: [high blood pressure] Systolic Blood Pressure GREATER than 160 mmHg
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)
Indications: [hypertension] [chronic heart failure]

Questions:

BP HOLD parameters for this order: [BP Hold Parameters requested] [ONCE or PRN Orders - No Hold Parameters Needed]
Contact Physician if:

[X] niCARDipine (CARDENE) IV infusion

Dose: [2.5-15 mg/hr]
Route: [intravenous]
Rate:
Duration:
Frequency: [titrated] [Titrated]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Initiate at {nicardipine initial dose:41294}
Titrate to keep {SBP or MAP range:39618}
Titrate by 1 to 2.5 mg/hr Within 15 minutes
Do not exceed 15 mg/hr

Indications:

ondansetron (ZOFTRAN) oral or IV

[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet

Dose: [4 mg] [8 mg] [16 mg] [24 mg]
Route: [oral]
Rate:
Duration:
Frequency: [every 8 hours PRN] [Once] [Q12H SCH] [Q8H PRN]
PRN comment: [nausea] [vomiting]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Give if patient is able to tolerate oral medication.
Indications: [prevention of post-operative nausea and vomiting] [prevention of radiation-induced nausea and vomiting] [cancer

chemotherapy-induced nausea and vomiting] [prevention of chemotherapy-induced nausea and vomiting] [excessive vomiting in pregnancy] [acute gastroenteritis-related vomiting in pediatrics]

ondansetron (ZOFTRAN) 4 mg/2 mL injection

Dose: **4 mg**] [8 mg] [0.1 mg/kg]

Route: **intravenous**] [intramuscular]

Rate:

Duration:

Frequency: **every 8 hours PRN**] [Once] [Q8H PRN] [Q12H]

PRN comment: **nausea**] **vomiting**]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Indications: [prevention of post-operative nausea and vomiting] [cancer chemotherapy-induced nausea and vomiting] [prevention of chemotherapy-induced nausea and vomiting] [excessive vomiting in pregnancy] [acute gastroenteritis-related vomiting in pediatrics]

Seizure Management

Benzodiazepines (Selection Required)

LORAZepam (ATIVAN) injection

Dose: **4 mg**] [0.25 mg] [0.5 mg] [1 mg] [2 mg]

Route: **intravenous**] [intramuscular]

Rate:

Duration:

Frequency: **once**

Frequency Start:

Number of Doses: 1 Doses

Phase of Care:

Administration instructions: Repeat 4 mg x if not controlled within 5 min

Indications:

Questions:

Indication(s): [Agitation] [Anxiety] [Myoclonus] [Sedation] [Seizures] [Withdrawal] [Other]

LORAZepam (ATIVAN) injection

Dose: [0.25 mg] [0.5 mg] **1 mg**] [2 mg]

Route: **intravenous**] [intramuscular]

Rate:

Duration:

Frequency: **every 15 min PRN**

PRN comment: [anxiety] **seizures**] [agitation] [sedation] [myoclonus] [insomnia] [withdrawal]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Agitation] [Anxiety] [Myoclonus] [Sedation] [Seizures] [Withdrawal] [Other]

Immediate Treatment, One time dose (Selection Required)

fosphenytoin (CEREBYX) IV

Dose: [10 mg/kg] [15 mg/kg] **20 mg/kg**]

Route: **intravenous**]

Rate:

Duration: Administer over: 30 Minutes

Frequency: **once**] [Once]

Frequency Start:

Number of Doses: 1 Doses

Phase of Care:

Administration instructions: **fosphenytoin mg PE is the same as mg**

Indications:

phenytoin (DILANTIN) IVPB

Dose: [10 mg/kg] [15 mg/kg] [20 mg/kg]

Route: **intravenous**]

Rate:

Duration:

Frequency: **once**] [Once]

Frequency Start:

Number of Doses: 1 Doses

Phase of Care:

Administration instructions: Use a 0.2 micron in-line filter for infusion.

Indications:

() levETIRAcetam (KEPPRA) IV

Dose:
Route: **[intravenous]**
Rate:
Duration:
Frequency: **[once]** [Once]
Frequency Start:
Number of Doses: 1 Doses
Phase of Care:
Administration instructions:
Indications:

[] Notify Physician (Specify)

Priority: Routine
Frequency: **[Until discontinued, Starting S]** [Until Discontinued] [Once]
Comments: Notify physician for further seizure orders.
Phase of Care:

acetaminophen (TYLENOL) oral, tube, or suppository

[X] acetaminophen (TYLENOL) oral, tube, or suppository (Selection Required)

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen (TYLENOL) tablet

Dose: 650 mg
Route: **[oral]**
Rate:
Duration:
Frequency: every 6 hours PRN
PRN comment: **[mild pain (score 1-3)]** [moderate pain (score 4-6)] [headaches] [fever]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [toothache] [dysmenorrhea] [arthritic pain] [back pain] [myalgia] [fever] [pain] [headache disorder]

Or

acetaminophen (TYLENOL) tablet

Dose: 650 mg
Route: **[feeding tube]** [oral]
Rate:
Duration:
Frequency: every 6 hours PRN
PRN comment: **[mild pain (score 1-3)]** [moderate pain (score 4-6)] [headaches] [fever]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Administer if patient has a feeding tube.
Indications: [toothache] [dysmenorrhea] [arthritic pain] [back pain] [myalgia] [fever] [pain] [headache disorder]

Or

acetaminophen (TYLENOL) suppository

Dose: [40 mg] [60 mg] [80 mg] [120 mg] [325 mg] **[650 mg]**
Route: **[rectal]**
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Q4H PRN] [Q6H PRN] [Q8H PRN]
PRN comment: **[mild pain (score 1-3)]** [moderate pain (score 4-6)] [fever]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Administer if patient is unable to tolerate oral tablet.
Indications: [toothache] [dysmenorrhea] [arthritic pain] [back pain] [myalgia] [fever] [pain] [headache disorder]

VTE

DVT Risk and Prophylaxis Tool (Selection Required) Only Appears If: **HM SB ACTIVE PHARM AND MECH DVT RISK ORDERS HMM**

VTE/DVT Risk Definitions - \\epic-nas.et0922.epichosted.com\static\OrderSets\VTEDVTRISKDEFINITIONS.pdf

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

() Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM**

ORD SB SCD OR CONTRAINDICATION

Moderate risk of VTE

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Place sequential compression device (Selection Required)

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]
Frequency: **Continuous**
Comments:
Phase of Care:

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM**
ORD SB NO ACTIVE SCD OR CONTRAINDICATION

Moderate risk of VTE

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Place sequential compression device (Selection Required)

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater

than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Comments:
Phase of Care:

() High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

(X) High risk of VTE

Priority: **Routine**
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

(X) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: **Routine**
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: **[patient is already on therapeutic anticoagulation for other indication.]**
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

(X) Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: **Routine**
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Comments:
Phase of Care:

() High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

(X) High risk of VTE

Priority: **Routine**
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

(X) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: **Routine**
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: **[patient is already on therapeutic anticoagulation for other indication.]**
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Place sequential compression device (Selection Required)

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: Once Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): Bilateral Amputee Cellulitis, lymphangitis Compartment syndrome Current Hospice Patient Extreme leg deformity Gangrene of lower extremity Leg edema greater than or equal to 3+ Lower extremity injury/trauma(i.e. fracture without cast, wounds) Severe lymphedema Severe peripheral neuropathy Severe peripheral vascular disease Suspected or confirmed DVT Surgical incision, leg ulceration Thrombophlebitis]

Place/Maintain sequential compression device continuous

Priority: Routine STAT]
Frequency: Continuous
Comments:
Phase of Care:

LOW Risk of VTE (Selection Required) Only Appears If: **HM IP SB DVT TOOL LOW RISK**

Low Risk (Selection Required)

Low risk of VTE

Priority: Routine
Frequency: Once Prior to Discharge]
Comments:
Phase of Care:

Questions:

Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation]

MODERATE Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

Moderate Risk (Selection Required)

Moderate risk of VTE

Priority: Routine
Frequency: Once Prior to Discharge]
Comments:
Phase of Care:

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)

Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: Once Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): Active hemorrhage Active intracranial lesions or neoplasms Allergy to all anticoagulants Coagulopathy Current Hospice Patient Epidural or indwelling spinal catheter; spinal tap Known or suspected pregnancy or breast feeding HIT (Heparin-induced thrombocytopenia) Hemorrhage within previous 6 months High risk for bleeding History of cerebral hemorrhage Plan for surgery Proliferative retinopathy Pericardial effusion Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks Thrombocytopenia (use caution with platelet count less than 100,000) Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Place/Maintain sequential compression device continuous

Priority: Routine STAT]
Frequency: Continuous
Comments:
Phase of Care:

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: Once Prior to Discharge]

Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: daily at 1700
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency:
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: [daily] [Daily]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions: 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.

Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: [5,000 Units]

Route: [subcutaneous]

Rate:

Duration:

Frequency: [every 12 hours scheduled] [Once] [Q12H SCH] [Q8H SCH]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: [5,000 Units]

Route: [subcutaneous]

Rate:

Duration:

Frequency: **every 8 hours scheduled** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Not high bleed risk (Selection Required)

Wt > 100 kg

Dose: **7,500 Units** [5,000 Units]
Route: **subcutaneous**
Rate:
Duration:
Frequency: **every 8 hours** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Wt LESS than or equal to 100 kg

Dose: **5,000 Units**
Route: **subcutaneous**
Rate:
Duration:
Frequency: **every 8 hours** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: S+1 at 6:00 AM
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

warfarin (COUMADIN) (Selection Required)

WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **oral**
Rate:
Duration:
Frequency: **daily at 1700** [Once] [Daily at 1700] [User Specified]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

WITH pharmacy consult (Selection Required)

Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] **[STAT]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued]
Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: **oral**

Rate:

Duration:

Frequency: **daily at 1700** [Once] [Daily at 1700] [User Specified]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

Mechanical Prophylaxis (Selection Required) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION

Contraindications exist for mechanical prophylaxis

Priority: **Routine**

Frequency: **Once** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]

Frequency: **Continuous**

Comments:

Phase of Care:

MODERATE Risk of VTE - Non-Surgical (Testing) (Selection Required) Only Appears If: HM SB NO SURGICAL LOG IN LAST 3 DAYS

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Testing) (Selection Required) Only Appears If: HM SB NO SURGICAL LOG IN LAST 3 DAYS

Moderate Risk (Selection Required)

Moderate risk of VTE

Priority: **Routine**

Frequency: **Once** [Prior to Discharge]

Comments:

Phase of Care:

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: **Routine**

Frequency: **Once** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]

Frequency: **[Continuous]**

Comments:

Phase of Care:

() Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine

Frequency: **[Once]** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine

Frequency: **[Once]** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]

Route: **[subcutaneous]**

Rate:

Duration:

Frequency: daily at 1700

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: **[subcutaneous]**

Rate:
Duration:
Frequency:
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: **[2.5 mg]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[daily]** [Daily]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: 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
Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 12 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 8 hours scheduled**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: [**7,500 Units**] [5,000 Units]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 8 hours**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 8 hours**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [**oral**]
Rate:
Duration:
Frequency: [**daily at 1700**] [Once] [Daily at 1700] [User Specified]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

WITH pharmacy consult (Selection Required)

Pharmacy consult to manage warfarin (COUMADIN)

Priority: Routine STAT
Frequency: Until discontinued, Starting S Until Discontinued]
Comments:
Phase of Care:

Questions:

Indication: Atrial fibrillation (Target INR 2-3) Deep venous thrombosis (Target INR 2-3) Mechanical heart valve (Target INR 2-3) Mechanical heart valve (Target INR 2.5-3.5) Pulmonary embolism (Target INR 2-3) Stroke or TIA (Target INR 2-3) LVAD (2-3) Other (Specify indication & Target INR)]

warfarin (COUMADIN) tablet

Dose: 1 mg 2 mg 2.5 mg 3 mg 4 mg 5 mg 6 mg 7.5 mg 10 mg]
Route: oral
Rate:
Duration:
Frequency: daily at 1700 Once Daily at 1700 User Specified]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: myocardial reinfarction prevention pulmonary thromboembolism pulmonary thromboembolism prevention cerebral thromboembolism prevention thromboembolic disorder thrombotic disorder deep venous thrombosis deep vein thrombosis prevention deep vein thrombosis with pulmonary embolism thromboembolism due to prosthetic heart valves prevent thromboembolism in chronic atrial fibrillation prevention of venous thromboembolism recurrence]

Questions:

Indication: Atrial fibrillation (Target INR 2-3) Deep venous thrombosis (Target INR 2-3) Mechanical heart valve (Target INR 2-3) Mechanical heart valve (Target INR 2.5-3.5) Pulmonary embolism (Target INR 2-3) Stroke or TIA (Target INR 2-3) LVAD (2-3) Other (Specify indication & Target INR)]
Dose Selection Guidance: Ordered by pharmacist per consult]

Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: Once Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): Bilateral Amputee Cellulitis, lymphangitis Compartment syndrome Current Hospice Patient Extreme leg deformity Gangrene of lower extremity Leg edema greater than or equal to 3+ Lower extremity injury/trauma(i.e. fracture without cast, wounds) Severe lymphedema Severe peripheral neuropathy Severe peripheral vascular disease Suspected or confirmed DVT Surgical incision, leg ulceration Thrombophlebitis]

Place/Maintain sequential compression device continuous

Priority: Routine STAT
Frequency: Continuous
Comments:
Phase of Care:

HIGH Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

High Risk (Selection Required)

High risk of VTE

Priority: Routine
Frequency: Once Prior to Discharge]
Comments:
Phase of Care:

High Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: Once Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): Active hemorrhage Active intracranial lesions or neoplasms Allergy to all anticoagulants Coagulopathy Current Hospice Patient Epidural or indwelling spinal catheter; spinal

tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: daily at 1700

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency:

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: [daily] [Daily]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions: 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.

Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 12 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: S+1 at 6:00 AM
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

warfarin (COUMADIN) (Selection Required)

WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

WITH pharmacy consult (Selection Required)

Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] **[STAT]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued]
Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

() Contraindications exist for mechanical prophylaxis

Priority: **Routine**
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]
Frequency: **Continuous**
Comments:
Phase of Care:

() HIGH Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: **Routine**
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

[X] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis

Priority: **Routine**
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: **30 mg** [40 mg]
Route: **subcutaneous**
Rate:
Duration:
Frequency: **daily at 1700**
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency:
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: [**2.5 mg**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**daily**] [Daily]
Frequency Start:
Number of Doses:
Phase of Care:

Administration instructions: 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.

Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 12 hours scheduled**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial

thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 8 hours scheduled**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: [**7,500 Units**] [5,000 Units]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 8 hours**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 8 hours**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [**oral**]
Rate:
Duration:
Frequency: [**daily at 1700**] [Once] [Daily at 1700] [User Specified]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)]

LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] [**STAT**]
Frequency: [**Until discontinued, Starting S**] [Until Discontinued]
Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

[X] warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [**oral**]
Rate:
Duration:
Frequency: [**daily at 1700**] [Once] [Daily at 1700] [User Specified]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

[X] Place/Maintain sequential compression device continuous

Priority: [**Routine**] [STAT]
Frequency: [**Continuous**]
Comments:
Phase of Care:

() HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

[X] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() aspirin chewable tablet

Dose: [81 mg] [**162 mg**] [243 mg] [324 mg]

Route: [**oral**]

Rate:

Duration:

Frequency: [**daily**] [Once] [Daily]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial infarction prevention] [prevention of cerebrovascular accident] [peripheral arterial thromboembolism prevention]

() aspirin (ECOTRIN) enteric coated tablet

Dose: [81 mg] [**162 mg**] [243 mg] [325 mg]

Route: [**oral**]

Rate:

Duration:

Frequency: [**daily**] [Once] [Daily]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [rheumatic fever] [acute rheumatic carditis] [myocardial reinfarction prevention] [myocardial infarction prevention] [cerebral thromboembolism prevention] [Kawasaki disease] [dysmenorrhea] [rheumatoid arthritis] [juvenile idiopathic arthritis] [osteoarthritis] [tendonitis] [tenosynovitis] [bursitis] [fever] [pain] [headache disorder] [synovitis] [prevention of transient ischemic attack] [thrombosis prevention after PCI]

() Apixaban and Pharmacy Consult (Selection Required)

[X] apixaban (ELIQUIS) tablet

Dose: [**2.5 mg**] [5 mg] [10 mg]

Route: [**oral**]

Rate:

Duration:

Frequency: [**2 times daily**] [BID]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [pulmonary thromboembolism] [deep venous thrombosis] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [prevent thromboembolism in chronic atrial fibrillation] [thrombosis with thrombocytopenia syndrome] [prevention of venous thromboembolism recurrence]

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] [**VTE prophylaxis**] [Other: Specify]

[X] Pharmacy consult to monitor apixaban (ELIQUIS) therapy

Priority: [Routine] [**STAT**]

Frequency: [**Until discontinued, Starting S**] [Until Discontinued]

Comments:

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] [**VTE prophylaxis**] [Other: Specify]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

enoxaparin (LOVENOX) injection

Dose: 30 mg 40 mg
Route: subcutaneous
Rate:
Duration:
Frequency: daily at 1700
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): Acute coronary syndrome Atrial fibrillation Deep vein thrombosis Pulmonary embolism
 Hypercoagulability Peripheral vascular disease Stroke Valve VTE Prophylaxis Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

enoxaparin (LOVENOX) injection

Dose: 30 mg 40 mg
Route: subcutaneous
Rate:
Duration:
Frequency:
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): Acute coronary syndrome Atrial fibrillation Deep vein thrombosis Pulmonary embolism
 Hypercoagulability Peripheral vascular disease Stroke Valve VTE Prophylaxis Other]

() fondaparinux (ARIXTRA) injection

Dose: 2.5 mg
Route: subcutaneous
Rate:
Duration:
Frequency: daily Daily
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:

Administration instructions: 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
Indications: acute myocardial infarction acute coronary syndrome acute pulmonary thromboembolism deep venous thrombosis
 deep vein thrombosis prevention thrombosis in heparin-induced thrombocytopenia hip surgery deep vein thrombosis prevention
 knee replacement deep vein thrombosis prevention abdominal surgery deep vein thrombosis prevention thrombosis with
thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids

Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 12 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: S+1 at 6:00 AM
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial

thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Rivaroxaban and Pharmacy Consult (Selection Required)

[X] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission

Dose: [2.5 mg] [**10 mg**] [15 mg] [20 mg]

Route: [**oral**]

Rate:

Duration:

Frequency: [**daily at 0600 (TIME CRITICAL)**] [Daily at 1700] [BID]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.

Indications: [pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [prevent thromboembolism in chronic atrial fibrillation] [prevention of thromboembolism in paroxysmal atrial fib] [thrombosis with thrombocytopenia syndrome] [thrombosis prevention after Fontan procedure] [prevention of venous thromboembolism recurrence]

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] [Coronary /Peripheral Artery Disease] [**VTE prophylaxis**] [Other: Specify]

[X] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy

Priority: [Routine] [**STAT**]

Frequency: [**Until discontinued, Starting S**] [Until Discontinued]

Comments:

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] [**VTE prophylaxis**] [Other: Specify]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: [**oral**]

Rate:

Duration:

Frequency: [**daily at 1700**] [Once] [Daily at 1700] [User Specified]

Frequency Start: **Starting S+1**

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] [**STAT**]

Frequency: [**Until discontinued, Starting S**] [Until Discontinued]

Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

[X] warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: **oral**
Rate:
Duration:
Frequency: **daily at 1700** [Once] [Daily at 1700] [User Specified]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]
Frequency: **Continuous**
Comments:
Phase of Care:

DVT Risk and Prophylaxis Tool (Selection Required) Only Appears If: **HM SB NO ACTIVE PHARM DVT RISK ORDERS HMM**

VTE/DVT Risk Definitions - \\epic-nas.et0922.epichosted.com\static\OrderSets\VTEDVTRISKDEFINITIONS.pdf

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

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

Moderate risk of VTE

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Place sequential compression device (Selection Required)

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Comments:
Phase of Care:

() Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION

(X) Moderate risk of VTE

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

(X) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: **[patient is already on therapeutic anticoagulation for other indication.]**
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

(X) Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Comments:
Phase of Care:

() High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION

(X) High risk of VTE

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

(X) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: **[patient is already on therapeutic anticoagulation for other indication.]**
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

[X] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: [**Routine**] [STAT]
Frequency: [**Continuous**]
Comments:
Phase of Care:

() High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

[X] High risk of VTE

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: [**patient is already on therapeutic anticoagulation for other indication.**]
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

[] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: [**Routine**] [STAT]
Frequency: [**Continuous**]
Comments:
Phase of Care:

() LOW Risk of VTE (Selection Required) Only Appears If: **HM IP SB DVT TOOL LOW RISK**

[X] Low Risk (Selection Required)

(X) Low risk of VTE

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

Questions:

Low risk: **Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation** [Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation]

MODERATE Risk of DVT - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

Moderate Risk (Selection Required)

Moderate risk of VTE

Priority: Routine

Frequency: **Once** [Prior to Discharge]

Comments:

Phase of Care:

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)

Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine

Frequency: **Once** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]

Frequency: **Continuous**

Comments:

Phase of Care:

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine

Frequency: **Once** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine

Frequency: **Once** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: daily at 1700

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency:

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: [daily] [Daily]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions: 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.

Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 12 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: S+1 at 6:00 AM
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:

Frequency: **every 8 hours** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: S+1 at 6:00 AM
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

warfarin (COUMADIN) (Selection Required)

WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **oral**
Rate:
Duration:
Frequency: **daily at 1700** [Once] [Daily at 1700] [User Specified]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

WITH pharmacy consult (Selection Required)

Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] **[STAT]**
Frequency: **Until discontinued, Starting S** [Until Discontinued]
Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **oral**
Rate:
Duration:
Frequency: **daily at 1700** [Once] [Daily at 1700] [User Specified]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

[X] Place/Maintain sequential compression device continuous

Priority: [**Routine**] [STAT]
Frequency: [**Continuous**]
Comments:
Phase of Care:

() MODERATE Risk of DVT - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

[X] Moderate Risk (Selection Required)

[X] Moderate risk of VTE

Priority: **Routine**
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

[X] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: **Routine**
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Place/Maintain sequential compression device continuous

Priority: [**Routine**] [STAT]
Frequency: [**Continuous**]
Comments:
Phase of Care:

() Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: **Routine**
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Contraindications exist for mechanical prophylaxis

Priority: **Routine**
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [

Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: daily at 1700

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency:

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: [daily] [Daily]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: 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

Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 12 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [

prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] **[STAT]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued]
Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

[X] warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

[] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

() Contraindications exist for mechanical prophylaxis

Priority: **Routine**
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Comments:
Phase of Care:

() HIGH Risk of DVT - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

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

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: **Routine**
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

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

() Contraindications exist for pharmacologic prophylaxis

Priority: **Routine**
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **daily at 1700**
Frequency Start: **Starting S+1**
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency:
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: [**2.5 mg**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**daily**] [Daily]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:

Administration instructions: 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.
Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 12 hours scheduled**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:

Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 8 hours scheduled**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: [**7,500 Units**] [5,000 Units]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 8 hours**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: S+1 at 6:00 AM
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 8 hours**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: S+1 at 6:00 AM
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [**oral**]
Rate:
Duration:
Frequency: [**daily at 1700**] [Once] [Daily at 1700] [User Specified]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial infarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] [**STAT**]
Frequency: [**Until discontinued, Starting S**] [Until Discontinued]
Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

[X] warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [**oral**]
Rate:
Duration:
Frequency: [**daily at 1700**] [Once] [Daily at 1700] [User Specified]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

() HIGH Risk of DVT - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

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

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

[X] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: [subcutaneous]
Rate:
Duration:
Frequency: daily at 1700
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: [subcutaneous]
Rate:
Duration:
Frequency:
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]
Route: [subcutaneous]
Rate:
Duration:
Frequency: [daily] [Daily]
Frequency Start:
Number of Doses:
Phase of Care:

Administration instructions: 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.

Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 12 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:

Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

Dose Selection Guidance: [Ordered by pharmacist per consult]

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] **[STAT]**

Frequency: **[Until discontinued, Starting S]** [Until Discontinued]

Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

[X] warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

Dose Selection Guidance: [Ordered by pharmacist per consult]

() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

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

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: **Routine**

Frequency: **[Once]** [Prior to Discharge]

Comments:

Phase of Care:

[X] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() aspirin chewable tablet

Dose: [81 mg] **[162 mg]** [243 mg] [324 mg]
Route: **oral**
Rate:
Duration:
Frequency: **daily** [Once] [Daily]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial infarction prevention] [prevention of cerebrovascular accident] [peripheral arterial thromboembolism prevention]

() aspirin (ECOTRIN) enteric coated tablet

Dose: [81 mg] **[162 mg]** [243 mg] [325 mg]
Route: **oral**
Rate:
Duration:
Frequency: **daily** [Once] [Daily]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [rheumatic fever] [acute rheumatic carditis] [myocardial reinfarction prevention] [myocardial infarction prevention] [cerebral thromboembolism prevention] [Kawasaki disease] [dysmenorrhea] [rheumatoid arthritis] [juvenile idiopathic arthritis] [osteoarthritis] [tendonitis] [tenosynovitis] [bursitis] [fever] [pain] [headache disorder] [synovitis] [prevention of transient ischemic attack] [thrombosis prevention after PCI]

() Apixaban and Pharmacy Consult (Selection Required)

[X] apixaban (ELIQUIS) tablet

Dose: **[2.5 mg]** [5 mg] [10 mg]
Route: **oral**
Rate:
Duration:
Frequency: **[2 times daily]** [BID]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [pulmonary thromboembolism] [deep venous thrombosis] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [prevent thromboembolism in chronic atrial fibrillation] [thrombosis with thrombocytopenia syndrome] [prevention of venous thromboembolism recurrence]

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] **[VTE prophylaxis]** [Other: Specify]

[X] Pharmacy consult to monitor apixaban (ELIQUIS) therapy

Priority: [Routine] **[STAT]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued]
Comments:

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] **[VTE prophylaxis]** [Other: Specify]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: daily at 1700

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency:

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: [daily] [Daily]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions: 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

Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [

deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [

knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with

thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 12 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: S+1 at 6:00 AM
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]

Frequency Start: S+1 at 6:00 AM

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Rivaroxaban and Pharmacy Consult (Selection Required)

[X] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission

Dose: [2.5 mg] [**10 mg**] [15 mg] [20 mg]

Route: [**oral**]

Rate:

Duration:

Frequency: [**daily at 0600 (TIME CRITICAL)**] [Daily at 1700] [BID]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.

Indications: [pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [prevent thromboembolism in chronic atrial fibrillation] [prevention of thromboembolism in paroxysmal atrial fib] [thrombosis with thrombocytopenia syndrome] [thrombosis prevention after Fontan procedure] [prevention of venous thromboembolism recurrence]

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] [Coronary /Peripheral Artery Disease] [**VTE prophylaxis**] [Other: Specify]

[X] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy

Priority: [Routine] [**STAT**]

Frequency: [**Until discontinued, Starting S**] [Until Discontinued]

Comments:

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] [**VTE prophylaxis**] [Other: Specify]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: [**oral**]

Rate:

Duration:

Frequency: [**daily at 1700**] [Once] [Daily at 1700] [User Specified]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] [**STAT**]

Frequency: [**Until discontinued, Starting S**] [Until Discontinued]

Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR

2-3) [LVAD (2-3)] [Other (Specify indication & Target INR)]

warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: **oral**

Rate:

Duration:

Frequency: **daily at 1700** [Once] [Daily at 1700] [User Specified]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

Dose Selection Guidance: [Ordered by pharmacist per consult]

DVT Risk and Prophylaxis Tool Only Appears If: HM SB DVT RISK TOOL NURSES

VTE/DVT Risk Definitions - \epic-nas.et0922.epichosted.com\static\OrderSets\VTEDVTRISKDEFINITIONS.pdf

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

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

Moderate risk of VTE

Priority: Routine

Frequency: **Once** [Prior to Discharge]

Comments:

Phase of Care:

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine

Frequency: **Once** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**

Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Place sequential compression device (Selection Required)

Contraindications exist for mechanical prophylaxis

Priority: Routine

Frequency: **Once** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]

Frequency: **Continuous**

Comments:

Phase of Care:

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

Moderate risk of VTE

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

[X] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]
Frequency: **Continuous**
Comments:
Phase of Care:

() High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

[X] High risk of VTE

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

[X] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]
Frequency: **Continuous**
Comments:
Phase of Care:

High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

High risk of VTE

Priority: **Routine**
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

Priority: **Routine**
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis because: **patient is already on therapeutic anticoagulation for other indication.**
Therapy for the following: [Atrial fibrillation] [DVT] [PE] [Stroke prophylaxis] [Prosthetic heart valve] [Acute coronary syndrome (ACS)] [Hypercoagulable state] [Intra-aortic balloon pump (IABP)] [Ventricular Support Device] [Peripheral vascular disease (PVD)] [Other]

Place sequential compression device (Selection Required)

Contraindications exist for mechanical prophylaxis

Priority: **Routine**
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

Place/Maintain sequential compression device continuous

Priority: **Routine** [STAT]
Frequency: **Continuous**
Comments:
Phase of Care:

LOW Risk of VTE (Selection Required) Only Appears If: **HM IP SB DVT TOOL LOW RISK**

Low Risk (Selection Required)

Low risk of VTE

Priority: **Routine**
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

Low risk: **Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation** [Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation]

MODERATE Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

Moderate Risk (Selection Required)

Moderate risk of VTE

Priority: **Routine**
Frequency: **Once** [Prior to Discharge]
Comments:
Phase of Care:

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Comments:
Phase of Care:

() Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]
Route: **[subcutaneous]**
Rate:
Duration:

Frequency: daily at 1700
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency:
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: **[2.5 mg]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[daily]** [Daily]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:

Administration instructions: 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.

Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 12 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: S+1 at 6:00 AM
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

Dose Selection Guidance: [Ordered by pharmacist per consult]

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] [**STAT**]

Frequency: [**Until discontinued, Starting S**] [Until Discontinued]

Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

[X] warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: [**oral**]

Rate:

Duration:

Frequency: [**daily at 1700**] [Once] [Daily at 1700] [User Specified]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

Dose Selection Guidance: [Ordered by pharmacist per consult]

[] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

() Contraindications exist for mechanical prophylaxis

Priority: Routine

Frequency: [**Once**] [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: [**Routine**] [STAT]

Frequency: [**Continuous**]

Comments:

Phase of Care:

() MODERATE Risk of VTE - Non-Surgical (Testing) (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

[X] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Testing) (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

[X] Moderate Risk (Selection Required)

[X] Moderate risk of VTE

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

[X] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Comments:
Phase of Care:

() Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

And

Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose
LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: daily at 1700

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency:

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: [daily] [Daily]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: 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

Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 12 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:

Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

warfarin (COUMADIN) (Selection Required)

WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

Dose Selection Guidance: [Ordered by pharmacist per consult]

WITH pharmacy consult (Selection Required)

Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] **[STAT]**

Frequency: **[Until discontinued, Starting S]** [Until Discontinued]

Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

Dose Selection Guidance: [Ordered by pharmacist per consult]

Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

Contraindications exist for mechanical prophylaxis

Priority: Routine

Frequency: **[Once]** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Comments:
Phase of Care:

() HIGH Risk of VTE - Surgical (Selection Required) Only Appears If: HM SB SURGICAL LOG LAST 3 DAYS

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: **Routine**
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

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

() Contraindications exist for pharmacologic prophylaxis

Priority: **Routine**
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **daily at 1700**
Frequency Start: **Starting S+1**
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency:
Frequency Start: **Starting S+1**
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: [2.5 mg]

Route: [subcutaneous]

Rate:

Duration:

Frequency: [daily] [Daily]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions: 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.

Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: [5,000 Units]

Route: [subcutaneous]

Rate:

Duration:

Frequency: [every 12 hours scheduled] [Once] [Q12H SCH] [Q8H SCH]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: [5,000 Units]

Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: S+1 at 6:00 AM
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] **[STAT]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued]
Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target

INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

[X] warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]

Frequency Start: Starting S+1

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

Dose Selection Guidance: [Ordered by pharmacist per consult]

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

() Contraindications exist for mechanical prophylaxis

Priority: Routine

Frequency: **[Once]** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]

Frequency: **[Continuous]**

Comments:

Phase of Care:

() HIGH Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: Routine

Frequency: **[Once]** [Prior to Discharge]

Comments:

Phase of Care:

[X] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis

Priority: Routine

Frequency: **[Once]** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

enoxaparin (LOVENOX) injection

Dose: **[30 mg]** [40 mg]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: daily at 1700
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency:
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: **[2.5 mg]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[daily]** [Daily]
Frequency Start:
Number of Doses:
Phase of Care:

Administration instructions: 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.

Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer

Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 12 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours scheduled]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: **[7,500 Units]** [5,000 Units]
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: **[5,000 Units]**
Route: **[subcutaneous]**
Rate:
Duration:
Frequency: **[every 8 hours]** [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:

Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

Dose Selection Guidance: [Ordered by pharmacist per consult]

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] **[STAT]**

Frequency: **[Until discontinued, Starting S]** [Until Discontinued]

Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

[X] warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[daily at 1700]** [Once] [Daily at 1700] [User Specified]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

Dose Selection Guidance: [Ordered by pharmacist per consult]

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION

() Contraindications exist for mechanical prophylaxis

Priority: Routine

Frequency: **[Once]** [Prior to Discharge]

Comments:

Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment

syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]**
Comments:
Phase of Care:

() HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

[X] High Risk (Selection Required)

[X] High risk of VTE

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

[X] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Selection Required)

() Contraindications exist for pharmacologic prophylaxis

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No pharmacologic VTE prophylaxis due to the following contraindication(s): [Active hemorrhage] [Active intracranial lesions or neoplasms] [Allergy to all anticoagulants] [Coagulopathy] [Current Hospice Patient] [Epidural or indwelling spinal catheter; spinal tap] [Known or suspected pregnancy or breast feeding] [HIT (Heparin-induced thrombocytopenia)] [Hemorrhage within previous 6 months] [High risk for bleeding] [History of cerebral hemorrhage] [Plan for surgery] [Proliferative retinopathy] [Pericardial effusion] [Severe trauma to head, spinal cord, extremity with hemorrhage within 4 weeks] [Thrombocytopenia (use caution with platelet count less than 100,000)] [Vascular access/biopsy/sites inaccessible to hemostatic control]

() aspirin chewable tablet

Dose: [81 mg] **[162 mg]** [243 mg] [324 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[daily]** [Once] [Daily]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial infarction prevention] [prevention of cerebrovascular accident] [peripheral arterial thromboembolism prevention]

() aspirin (ECOTRIN) enteric coated tablet

Dose: [81 mg] **[162 mg]** [243 mg] [325 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[daily]** [Once] [Daily]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [rheumatic fever] [acute rheumatic carditis] [myocardial reinfarction prevention] [myocardial infarction prevention] [cerebral thromboembolism prevention] [Kawasaki disease] [dysmenorrhea] [rheumatoid arthritis] [juvenile idiopathic arthritis] [osteoarthritis] [tendonitis] [tenosynovitis] [bursitis] [fever] [pain] [headache disorder] [synovitis] [prevention of transient ischemic attack] [thrombosis prevention after PCI]

() Apixaban and Pharmacy Consult (Selection Required)

[X] apixaban (ELIQUIS) tablet

Dose: **[2.5 mg]** [5 mg] [10 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[2 times daily]** [BID]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:

Indications: [pulmonary thromboembolism] [deep venous thrombosis] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [prevent thromboembolism in chronic atrial fibrillation] [thrombosis with thrombocytopenia syndrome] [prevention of venous thromboembolism recurrence]

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] [**VTE prophylaxis**] [Other: Specify]

[X] Pharmacy consult to monitor apixaban (ELIQUIS) therapy

Priority: [Routine] [**STAT**]
Frequency: [**Until discontinued, Starting S**] [Until Discontinued]
Comments:

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] [**VTE prophylaxis**] [Other: Specify]

() enoxaparin (LOVENOX) injection (Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [**30 mg**] [40 mg]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: **daily at 1700**
Frequency Start: **Starting S+1**
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

Dose: [30 mg] [40 mg]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency:
Frequency Start: **Starting S+1**
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Indication(s): [Acute coronary syndrome] [Atrial fibrillation] [Deep vein thrombosis] [Pulmonary embolism] [Hypercoagulability] [Peripheral vascular disease] [Stroke] [Valve] [VTE Prophylaxis] [Other]

() fondaparinux (ARIXTRA) injection

Dose: [**2.5 mg**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**daily**] [Daily]
Frequency Start: **Starting S+1**

Number of Doses:
Phase of Care:

Administration instructions: 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
Indications: [acute myocardial infarction] [acute coronary syndrome] [acute pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [thrombosis with thrombocytopenia syndrome]

Questions:

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

() heparin (Selection Required)

High Risk Bleeding Characteristics

Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

() High Bleed Risk (Selection Required)

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

() HEParin (porcine) injection - Q12 Hours

Dose: [5,000 Units]
Route: [subcutaneous]
Rate:
Duration:
Frequency: [every 12 hours scheduled] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

Questions:

Indication for lower dose/frequency: [Age >=75] [Weight < 50 kg] [Unstable Hgb] [Renal impairment] [Plt count < 100 K/uL] [Dual antiplatelet therapy] [Active cancer] [Cirrhosis/hepatic failure] [Prior intra-cranial hemorrhage] [Prior ischemic stroke] [History of bleeding event requiring admission and/or transfusion] [Chronic use of NSAIDs/steroids] [Active GI ulcer] [Other]

() HEParin (porcine) injection - Q8 Hours

Dose: [5,000 Units]
Route: [subcutaneous]
Rate:
Duration:
Frequency: [every 8 hours scheduled] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Not high bleed risk (Selection Required)

() Wt > 100 kg

Dose: [**7,500 Units**] [5,000 Units]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 8 hours**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Wt LESS than or equal to 100 kg

Dose: [**5,000 Units**]
Route: [**subcutaneous**]
Rate:
Duration:
Frequency: [**every 8 hours**] [Once] [Q12H SCH] [Q8H SCH]
Frequency Start: S+1 at 6:00 AM
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [disseminated intravascular coagulation] [acute myocardial infarction] [acute coronary syndrome] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [peripheral arterial embolism] [peripheral arterial thromboembolism prevention] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis prevention after PCI] [prevent extracorporeal clotting during hemodialysis]

() Rivaroxaban and Pharmacy Consult (Selection Required)

[X] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission

Dose: [2.5 mg] [**10 mg**] [15 mg] [20 mg]
Route: [**oral**]
Rate:
Duration:
Frequency: [**daily at 0600 (TIME CRITICAL)**] [Daily at 1700] [BID]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
Indications: [pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [prevent thromboembolism in chronic atrial fibrillation] [prevention of thromboembolism in paroxysmal atrial fib] [thrombosis with thrombocytopenia syndrome] [thrombosis prevention after Fontan procedure] [prevention of venous thromboembolism recurrence]

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] [Coronary /Peripheral Artery Disease] [**VTE prophylaxis**] [Other: Specify]

[X] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy

Priority: [Routine] [**STAT**]
Frequency: [**Until discontinued, Starting S**] [Until Discontinued]
Comments:

Questions:

Indications: [Atrial Fibrillation] [Deep vein thrombosis / Pulmonary embolism] [Prevention of recurrent DVT or PE following treatment doses at least 6 months] [**VTE prophylaxis**] [Other: Specify]

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [**oral**]
Rate:
Duration:
Frequency: [**daily at 1700**] [Once] [Daily at 1700] [User Specified]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral

thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

Priority: [Routine] [STAT]
Frequency: [**Until discontinued, Starting S**] [Until Discontinued]
Comments:

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]

[X] warfarin (COUMADIN) tablet

Dose: [1 mg] [2 mg] [2.5 mg] [3 mg] [4 mg] [5 mg] [6 mg] [7.5 mg] [10 mg]
Route: [**oral**]
Rate:
Duration:
Frequency: [**daily at 1700**] [Once] [Daily at 1700] [User Specified]
Frequency Start: Starting S+1
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [myocardial reinfarction prevention] [pulmonary thromboembolism] [pulmonary thromboembolism prevention] [cerebral thromboembolism prevention] [thromboembolic disorder] [thrombotic disorder] [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [thromboembolism due to prosthetic heart valves] [prevent thromboembolism in chronic atrial fibrillation] [prevention of venous thromboembolism recurrence]

Questions:

Indication: [Atrial fibrillation (Target INR 2-3)] [Deep venous thrombosis (Target INR 2-3)] [Mechanical heart valve (Target INR 2-3)] [Mechanical heart valve (Target INR 2.5-3.5)] [Pulmonary embolism (Target INR 2-3)] [Stroke or TIA (Target INR 2-3)] [LVAD (2-3)] [Other (Specify indication & Target INR)]
Dose Selection Guidance: [Ordered by pharmacist per consult]

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION

() Contraindications exist for mechanical prophylaxis

Priority: Routine
Frequency: [**Once**] [Prior to Discharge]
Comments:
Phase of Care:

Questions:

No mechanical VTE prophylaxis due to the following contraindication(s): [Bilateral Amputee] [Cellulitis, lymphangitis] [Compartment syndrome] [Current Hospice Patient] [Extreme leg deformity] [Gangrene of lower extremity] [Leg edema greater than or equal to 3+] [Lower extremity injury/trauma(i.e. fracture without cast, wounds)] [Severe lymphedema] [Severe peripheral neuropathy] [Severe peripheral vascular disease] [Suspected or confirmed DVT] [Surgical incision, leg ulceration] [Thrombophlebitis]

(X) Place/Maintain sequential compression device continuous

Priority: [**Routine**] [STAT]
Frequency: [**Continuous**]
Comments:
Phase of Care:

Labs

Cardiology

Cardiology

[] Electrocardiogram, 12-lead

Priority: Routine
Frequency: [**Once For 1 Occurrences**] [STAT] [Once] [Conditional] [Daily]
Comments: On Admission

Phase of Care:

Questions:

Clinical Indications: Cardiac Arrhythmia
Interpreting Physician:

Imaging

CT Only Appears If: **SB IP ORDERSET NOT HMH**

CTA Head W Wo Contrast

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments:
Phase of Care:

CTA Neck W Wo Contrast

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments:
Phase of Care:

CT Head W Wo Contrast

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments: Perform 6 hours after ICU admission
Phase of Care:

CT Stroke Brain Wo Contrast

Priority: [Routine] [**STAT**]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once] [Conditional]
Comments:
Phase of Care:

CT Only Appears If: **SB IP ORDERSET HMH ONLY**

CTA Head W Wo Contrast

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments:
Phase of Care:

CTA Neck W Wo Contrast

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments:
Phase of Care:

CT Head W Wo Contrast

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments: Perform 6 hours after ICU admission
Phase of Care:

CT Stroke Brain Wo Contrast

Priority: [Routine] [**STAT**]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once] [Conditional]
Comments:
Phase of Care:

CT Stroke Brain Wo Contrast

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once] [Conditional]
Comments: Perform 6-24 hours after INITIAL Brain Imaging.
Phase of Care:

Diagnostic MRI/MRA

MRI Brain W Wo Contrast

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments:
Phase of Care:

MRI Brain Venogram

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments:
Phase of Care:

MRI Stroke Brain Wo Contrast

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments:
Phase of Care:

MRA Head Wo Contrast

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments:
Phase of Care:

MRA Neck Wo Contrast

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments:
Phase of Care:

X-Ray

Chest 2 Vw

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments:
Phase of Care:

Chest 1 Vw Portable

Priority: **[Routine]** [STAT]
Frequency: **[1 time imaging, Starting S at 1:00 AM For 1]** [Once]
Comments:
Phase of Care:

Other Studies

Respiratory

Respiratory Therapy

Oxygen therapy - Nasal cannula

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]** [PRN]
Comments:
Phase of Care:

Questions:

Device: **[Nasal Cannula]** [High Flow Nasal Cannula (HFNC)] [Heated High Flow] [Non-rebreather mask] [Trach Collar] [Venturi Mask]
Rate in liters per minute: **[2 lpm]** [1 Lpm] [2 Lpm] [3 Lpm] [4 Lpm] [5 Lpm] [6 Lpm]
Rate in tenths of a liter per minute: [0.2 Lpm] [0.4 Lpm] [0.6 Lpm] [0.8 Lpm] [1 Lpm] [1.2 Lpm] [1.4 Lpm] [1.6 Lpm] [1.8 Lpm] [2 Lpm]
O2 %: [21%] [22%] [23%] [24%] [25%]
Titrate to keep O2 Sat Above: [88 %] [90%] [92%] [95%] **[Other (Specify)]**
Specify titration to keep O2 Sat (%) Above: 94
Indications for O2 therapy: [Hypoxemia] [Increased work of breathing] **[Respiratory distress]** [Immediate post-op period] [Acute MI] [Cluster headaches] [Other (specify)]
Device 2: [Nasal Cannula] [High Flow Nasal Cannula (HFNC)] [Non-rebreather mask] [Trach Collar] [Venturi Mask]
Device 3: [Nasal Cannula] [High Flow Nasal Cannula (HFNC)] [Non-rebreather mask] [Trach Collar] [Venturi Mask]
Indications for O2 therapy: [Hypoxemia] [Increased work of breathing] [Respiratory distress] [Immediate post-op period] [Acute MI] [Cluster headaches]

Pulse oximetry check

Priority: **[Routine]** [STAT]
Frequency: [Once] **[Daily]** [Q PM] [Continuous] [HS only]
Comments:
Phase of Care:

Questions:

Current FIO2 or Room Air: [Current FIO2] [Room Air]

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults Only Appears If: **SB IP ORDERSET HMH ONLY**

Consult Physical Medicine Rehab

Referral Info:
Referral Facility:
Referral # of Visits: 1
Expires: Y+1
Phase of Care:
Comments:
Process Instructions:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service notified] [Consultant not contacted]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service]

Consult Neurology

Referral Info:
Referral Facility:
Referral # of Visits: 1
Expires: Y+1
Phase of Care:
Comments:
Process Instructions:

Questions:

Reason for Consult? [Carotid stenosis] [Ischemic stroke] [Seizure] [Venous sinus thrombosis] [Dissections/intracranial stenosis] [Intracranial Hemorrhage (intracerebral) - Routine] [Thrombectomy (>24 hours after procedure)] [Syncope] [Dizziness/Vertigo] [Intractable Headaches] [Encephalopathy] [Demyelinating Disease] [Inflammatory neuropathy] [Other Reasons]

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service notified] [Consultant not contacted]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service]

Consults Only Appears If: **SB IP ORDERSET HMW HMSTJ**

Consult to Social Work

Phase of Care:
Comments:

Questions:

Reason for Consult: [Adoption] [Chemical Dependency] [Deaf] [**Discharge Planning**] [Fetal Demise] [Discharge Placement] [Hospice Referral] [SNF] [Suspected Abuse] [Suspected Domestic Violence] [Teen Pregnancy] [Human Trafficking] [Dialysis Placement] [SDOH] [Other Specify]

Consult to PT eval and treat

Phase of Care:
Comments: Pre-morbid mRS and mRS at discharge

Questions:

Reasons for referral to Physical Therapy (mark all applicable): [Unsuccessful mobility attempts with Nursing personnel] [Post Neuromuscular or Musculoskeletal Surgery Care.] [**New functional deficits, not expected to spontaneously recover with medical modalities**] [History of recent falls (non-syncopal)] [Recommendations for post-acute hospital placement] [Mobility Program for Ventilated patients] [**Other**]
Specify: Stroke
Are there any restrictions for positioning or mobility? [Yes] [No]
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status: [LLE] [RLE] [LUE] [RUE]

Consult to OT eval and treat

Phase of Care:
Comments:

Questions:

Reason for referral to Occupational Therapy (mark all that apply): **[Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming)]** [Post-operative instruction or treatment necessary prior to discharge] [Decrease in functional cognition from patient's baseline] [Needs home safety recommendations prior to discharge] [Increased falling (non-syncopal).] [Patient lives alone and is deconditioned (post-surgery or extensive hospital stay)] **[Other]**

Specify: Stroke

Are there any restrictions for positioning or mobility? [Yes] [No]

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status: [LLE] [RLE] [LUE] [RUE]

Consult to Case Management

Phase of Care:
Comments:

Questions:

Consult Reason: [Benefit Issues] **[Discharge Planning]** [Home Health] [Hospice] [Insurance Issues] [LTAC Referral] [Rehabilitation Referral] [SNF Referral] [DME] [Palliative Care Education] [Dialysis Placement] [SDOH] [Other specify]

Consult to Speech Language Pathology

Priority: **[Routine]**
Frequency: **[Once]**
Comments:
Phase of Care:

Questions:

Consult Reason: [Dysphagia] [Aphasia] [Dysarthria] [Communication] **[Other specify]**

Specify: Post Hemorrhagic Stroke

Consult to Spiritual Care

Phase of Care:
Comments:

Questions:

Reason for consult? [Spiritual Support] [End of Life Support] [Pre-Surgical Prayer] [Catholic-Holy Communion] [Catholic Priest] [Advance Directive] [Other Specify]

Consult to Nutrition Services

Phase of Care:
Comments:

Questions:

Reason For Consult? [MD order Diet Consult] [Transplant Evaluation] [Diet Education] [Wound] [Other (Specify)]

Purpose/Topic:

Consults Only Appears If: **SB IP ORDERSET NOT HMW HMSTJ**

Consult to Social Work

Phase of Care:
Comments:

Questions:

Reason for Consult: [Adoption] [Chemical Dependency] [Deaf] **[Discharge Planning]** [Fetal Demise] [Discharge Placement] [Hospice Referral] [SNF] [Suspected Abuse] [Suspected Domestic Violence] [Teen Pregnancy] [Human Trafficking] [Dialysis Placement] [SDOH] [Other Specify]

Consult to PT eval and treat

Phase of Care:
Comments: Pre-morbid mRS and mRS at discharge

Questions:

Reasons for referral to Physical Therapy (mark all applicable): [Unsuccessful mobility attempts with Nursing personnel] [Post Neuromuscular or Musculoskeletal Surgery Care.] [**New functional deficits, not expected to spontaneously recover with medical modalities**] [History of recent falls (non-syncopal)] [Recommendations for post-acute hospital placement] [Mobility Program for Ventilated patients] [**Other**]
Specify: **Stroke**
Are there any restrictions for positioning or mobility? [Yes] [No]
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status: [LLE] [RLE] [LUE] [RUE]

Consult to OT eval and treat

Phase of Care:
Comments:

Questions:

Reason for referral to Occupational Therapy (mark all that apply): [**Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming)**] [Post-operative instruction or treatment necessary prior to discharge] [Decrease in functional cognition from patient's baseline] [Needs home safety recommendations prior to discharge] [Increased falling (non-syncopal).] [Patient lives alone and is deconditioned (post-surgery or extensive hospital stay)] [**Other**]
Specify: **Stroke**
Are there any restrictions for positioning or mobility? [Yes] [No]
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status: [LLE] [RLE] [LUE] [RUE]

Consult to Case Management

Phase of Care:
Comments:

Questions:

Consult Reason: [Benefit Issues] [**Discharge Planning**] [Home Health] [Hospice] [Insurance Issues] [LTAC Referral] [Rehabilitation Referral] [SNF Referral] [DME] [Palliative Care Education] [Dialysis Placement] [SDOH] [Other specify]

Consult to Speech Language Pathology

Priority: [**Routine**]
Frequency: [**Once**]
Comments:
Phase of Care:

Questions:

Consult Reason: [Dysphagia] [Aphasia] [Dysarthria] [Communication] [**Other specify**]
Specify: Post Hemorrhagic Stroke

Consult to Spiritual Care

Phase of Care:
Comments:

Questions:

Reason for consult? [Spiritual Support] [End of Life Support] [Pre-Surgical Prayer] [Catholic-Holy Communion] [Catholic Priest] [Advance Directive] [Other Specify]

Music Therapy/Art therapy consult - eval & treat

Priority: [**Routine**]
Comments:
Phase of Care:

Questions:

Request Date: TODAY
Therapy Requested: [Music Therapy] [Art Therapy]
Please Indicate REASON FOR REFERRAL (check all that apply): [Physical] [Psychoemotional reason]

Consult to Nutrition Services

Phase of Care:
Comments:

Questions:

Reason For Consult? [MD order Diet Consult] [Transplant Evaluation] [Diet Education] [Wound] [Other (Specify)]
Purpose/Topic:

