

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

☐ Abdominal pain

☐ Back pain

☐ Chest pain

☐ Cough

☐ COVID - 19

☐ Dizziness

☐ Fall

☐ Fever

☐ Headache

☐ Hypertension

☐ Nausea

☐ Shortness of breath

☐ Vomiting

☐ Weakness-generalized

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

☐ Admit to inpatient

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

Certification: I certify that based on my best clinical judgement and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights., To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both ", Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

☐ Outpatient observation services under general supervision

☐ UTS - Outpatient observation services under general supervision

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

☐ Outpatient in a bed - extended recovery

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

☐ Admit to IP- University Teaching Service

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

☐ Outpatient observation services under general supervision

☐ UTS - Outpatient observation services under general supervision

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

☐ Outpatient in a bed - extended recovery

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

Patient has active status order on file.

☐ Admit to inpatient

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

@CERMSGREFRESHOPT(674511:21703,,,1)@

☐ Full code

☐ DNR (Selection Required)

☒ DNR (Do Not Resuscitate)

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

☒ Consult to Palliative Care Service

Please call the Forensic Nursing call center at 281-283-5186 to dispatch a forensic nurse to your location. Provide your name, your role, the location you are calling from and the best callback number.

☐ Consult to Social Work

☐ Modified Code

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

Isolation Only Appears If: **SB IP ORDERSET HMM ONLY**

☐ Airborne isolation status (Selection Required)

☒ Airborne isolation status

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

Once

☐ Contact isolation status

☐ Droplet isolation status

☐ Enteric isolation status

Precautions Only Appears If: **SB IP ORDERSET HMM ONLY**

☐ Aspiration precautions

☐ Fall precautions

☐ Latex precautions

☐ Seizure precautions

Nursing

Vital Signs Only Appears If: **SB IP ORDERSET NOT HMM**

☒ Vital Signs

Routine, Q1H , For Temp, check every 4 hours.

Vital Signs Only Appears If: **SB IP ORDERSET HMM ONLY**

☒ Vital Signs

Routine, Q1H , Aligned with neurological assessments.

Activity

☒ Strict bed rest

Routine, Until Discontinued, Starting Today, At: N

☒ Elevate Head of bed 30 degrees

Routine, Until Discontinued, Starting Today, At: N, Head of bed: 30 degrees

☐ Ambulate with assistance

Routine, TID, Specify: with assistance

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

☐ Intake and output

Routine, Q Shift

☒ Hold PO including oral meds if Patient fails dysphagia screening

Routine, Until Discontinued, Starting Today, At: N , Hold PO including oral meds if Patient fails dysphagia screening.

☒ Dysphagia screen

Routine, Once , On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.

☒ Bladder scan

Routine, Q4H , Straight cath if volume GREATER than*** mL.

☒ Straight cath

Routine, Conditional, For 2 Occurrences , If unable to void, straight cath every 6 hours for two attempts.

☒ Insert Foley catheter

Routine, Conditional, For 1 Occurrences , After two attempts with straight cath.

☒ Neurological assessment

Routine, Q1H

☒ NIH Stroke Scale

Routine, Once , Perform on Admission.

☐ NIH Stroke Scale

Routine, Once , Perform every shift.

☒ NIH Stroke Scale

Routine, Once , On Discharge.

☒ Glasgow coma scale

Routine, Q Shift

☐ Insert feeding tube weighted

Routine, Once

☒ Provide educational material

Routine, Once , Hemorrhagic stroke education.

☒ Place sequential compression device (Selection Required)

Place/Maintain sequential compression device continuous

Routine, Continuous

☐ Oral care

Routine, BID

Nursing Only Appears If: **SB IP ORDERSET HMH ONLY**

☐ Intake and output

Routine, Q Shift

☒ Hold PO including oral meds if Patient fails dysphagia screening

Routine, Until Discontinued, Starting Today, At: N , Hold PO including oral meds if Patient fails dysphagia screening.

☒ Dysphagia screen

Routine, Once , On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.

☒ Bladder scan

Routine, Q4H , Straight cath if volume GREATER than*** mL.

☒ Straight cath

Routine, Conditional, For 2 Occurrences , If unable to void, straight cath every 6 hours for two attempts.

☒ Insert Foley catheter

Routine, Conditional, For 1 Occurrences , After two attempts with straight cath.

☒ Neurological assessment

Routine, Q1H, Assessment to Perform: Level of Consciousness, Pupils, Motor exam

☒ NIH Stroke Scale

Routine, Once , Perform on Admission.

☐ NIH Stroke Scale

Routine, Once , Perform every shift.

☒ NIH Stroke Scale

Routine, Once , On Discharge.

☒ Glasgow coma scale

Routine, Q Shift

☐ Insert feeding tube weighted

Routine, Once

☒ Provide educational material

Routine, Once , Hemorrhagic stroke education.

☒ Place sequential compression device (Selection Required)

Place/Maintain sequential compression device continuous

Routine, Continuous

☐ Oral care

Routine, BID

Diet

☒ NPO

Effective Now, Starting Today, At: N , Until dysphagia assessment/bedside swallow study completed successfully., An NPO order without explicit exceptions means nothing can be given orally to the patient.

Notify

☒ Notify Physician

Routine, Until Discontinued, Starting Today, At: N, If unable to void on third attempt and foley inserted

☒ Notify Physician if Systolic BP greater than 160 mmHg

Routine, Until Discontinued, Starting Today, At: N, Systolic BP greater than: 160

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

Routine, Until Discontinued, Starting Today, At: N, For temperature GREATER than or EQUAL to 100.4 F (38 C)

☒ Notify Physician if O2 Sat is less than 95%

Routine, Until Discontinued, Starting Today, At: N, Notify Physician if O2 Sat is less than 95%

Stroke Coordinator Tracking

☒ Stroke coordinator tracking

Routine, Until Discontinued, Starting Today, At: N , This order serves to populate patient on the Stroke Coordinators' patient list. Discontinuation of this order will remove patient from the list. No action is needed by nursing.

IV Fluids

IV Fluids

☐ sodium chloride 0.9 % infusion

intravenous, Continuous

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

intravenous, Continuous

Peripheral IV Access

☒ Initiate and maintain IV (Selection Required)

☒ Insert peripheral IV

Routine, Once

☒ sodium chloride 0.9 % flush

10 mL, intravenous, Q12H SCH

☒ sodium chloride 0.9 % flush

10 mL, intravenous, PRN, line care

Medications

Hypertensive Urgency - Once Orders

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

10 mg, intravenous, Once, For 1 Doses , Systolic Blood Pressure GREATER than 160 mmHg. Administer at 2
Mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM

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

10 mg, intravenous, Once, For 1 Doses , Systolic Blood Pressure GREATER than 160 mmHg. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)

Hypertensive Urgency - PRN Orders

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

10 mg, intravenous, Q6H PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg , Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM.

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

10 mg, intravenous, Q6H PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg , Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)

☒ niCARDipine (CARDENE) IV infusion

2.5-15 mg/hr, intravenous, Titrated, Initiate at {nicardipine initial dose:33030}, Titrate to keep {SBP or MAP range:32983}, Titrate by 1 to 2.5 mg/hr Within 15 minutes, Do not exceed 15 mg/hr

ondansetron (ZOFTRAN) oral or IV

☒ ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet

4 mg, oral, Q8H PRN, nausea, vomiting , Give if patient is able to tolerate oral medication.

☒ ondansetron (ZOFTRAN) 4 mg/2 mL injection

4 mg, intravenous, Q8H PRN, nausea, vomiting , Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

Seizure Management

☐ Benzodiazepines (Selection Required)

☐ LORAZepam (ATIVAN) injection

4 mg, intravenous, Once, For 1 Doses , Repeat 4 mg x if not controlled within 5 min

☐ LORAZepam (ATIVAN) injection

1 mg, intravenous, Q15 Min PRN, seizures

☐ Immediate Treatment, One time dose (Selection Required)

☐ fosphenytoin (CEREBYX) IV

intravenous, Administer over: 30 Minutes, Once, For 1 Doses , **fosphenytoin mg PE is the same as mg**

☐ phenytoin (DILANTIN) IVPB

intravenous, Once, For 1 Doses , Use a 0.2 micron in-line filter for infusion.

☐ levETIRAcetam (KEPPRA) IV

intravenous, Once, For 1 Doses

☐ Notify Physician (Specify)

Routine, Until Discontinued, Starting Today, At: N, Notify physician for further seizure orders.

acetaminophen (TYLENOL) oral, tube, or suppository

☒ 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

650 mg, oral, Q6H PRN, mild pain (score 1-3)

Or

acetaminophen (TYLENOL) tablet

650 mg, feeding tube, Q6H PRN, mild pain (score 1-3) , Administer if patient has a feeding tube.

Or

acetaminophen (TYLENOL) suppository

650 mg, rectal, Q6H PRN, mild pain (score 1-3) , Administer if patient is unable to tolerate oral tablet.

VTE

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

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

Routine, Once

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

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

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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

Routine, Once

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

Routine, Once

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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**

☒ High risk of VTE

Routine, Once

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

Routine, Once

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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

Routine, Once

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

Routine, Once

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

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

☒ Low Risk (Selection Required)

☒ Low risk of VTE

Routine, Once, Low risk: 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

Routine, Once

☒ 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

Routine, Once

And

Place/Maintain sequential compression device continuous

Routine, Continuous

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

Contraindications exist for pharmacologic prophylaxis

Routine, Once

And

Contraindications exist for mechanical prophylaxis

Routine, Once

() 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

30 mg, subcutaneous, Daily at 1700, Starting Tomorrow

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

[X] enoxaparin (LOVENOX) injection

subcutaneous, Starting Tomorrow

() fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, Starting Tomorrow , 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.

() 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

5,000 Units, subcutaneous, Q12H SCH

() HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

() Not high bleed risk (Selection Required)

() Wt > 100 kg

7,500 Units, subcutaneous, Q8H, Starting Tomorrow

() Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

oral, Daily at 1700, Starting Tomorrow

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

☒ warfarin (COUMADIN) tablet

oral, Daily at 1700, Starting Tomorrow

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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

Routine, Once

☒ 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

Routine, Once

And

Place/Maintain sequential compression device continuous

Routine, Continuous

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

Contraindications exist for pharmacologic prophylaxis

Routine, Once

And

Contraindications exist for mechanical prophylaxis

Routine, Once

☐ 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

30 mg, subcutaneous, Daily at 1700

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

☒ enoxaparin (LOVENOX) injection

subcutaneous

☐ fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min

☐ 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

5,000 Units, subcutaneous, Q12H SCH

☐ HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

7,500 Units, subcutaneous, Q8H SCH

☐ Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H SCH

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

oral, Daily at 1700

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

☒ warfarin (COUMADIN) tablet

oral, Daily at 1700

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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

Routine, Once

☒ High Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once

☐ 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

30 mg, subcutaneous, Daily at 1700, Starting Tomorrow

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

☒ enoxaparin (LOVENOX) injection

subcutaneous, Starting Tomorrow

☐ fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, Starting Tomorrow , 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.

☐ 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)

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

☐ HEParin (porcine) injection - Q12 Hours

5,000 Units, subcutaneous, Q12H SCH

☐ HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

7,500 Units, subcutaneous, Q8H, Starting Tomorrow

☐ Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

oral, Daily at 1700, Starting Tomorrow

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

☒ warfarin (COUMADIN) tablet

oral, Daily at 1700, Starting Tomorrow

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

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

☒ **High Risk (Selection Required)**

☒ **High risk of VTE**

Routine, Once

☒ **High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)**

☐ **Contraindications exist for pharmacologic prophylaxis**

Routine, Once

☐ **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**

30 mg, subcutaneous, Daily at 1700

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

☒ **enoxaparin (LOVENOX) injection**

subcutaneous

☐ **fondaparinux (ARIXTRA) injection**

2.5 mg, subcutaneous, Daily , If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

☐ **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**

5,000 Units, subcutaneous, Q12H SCH

☐ **HEParin (porcine) injection - Q8 Hours**

5,000 Units, subcutaneous, Q8H SCH

☐ **Not high bleed risk (Selection Required)**

☐ **Wt > 100 kg**

7,500 Units, subcutaneous, Q8H SCH

☐ **Wt LESS than or equal to 100 kg**

5,000 Units, subcutaneous, Q8H SCH

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

oral, Daily at 1700

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

☒ warfarin (COUMADIN) tablet

oral, Daily at 1700

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

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

☒ High Risk (Selection Required)

☒ High risk of VTE

Routine, Once

☒ High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Selection Required)

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once

☐ aspirin chewable tablet

162 mg, oral, Daily, Starting Tomorrow

☐ aspirin (ECOTRIN) enteric coated tablet

162 mg, oral, Daily, Starting Tomorrow

☐ Apixaban and Pharmacy Consult (Selection Required)

☒ apixaban (ELIQUIS) tablet

2.5 mg, oral, BID, Starting Tomorrow, Indications: VTE prophylaxis

☒ Pharmacy consult to monitor apixaban (ELIQUIS) therapy

STAT, Until Discontinued, Starting Today, At: N, Indications: VTE prophylaxis

☐ 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

30 mg, subcutaneous, Daily at 1700, Starting Tomorrow

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

☒ enoxaparin (LOVENOX) injection

subcutaneous, Starting Tomorrow

☐ fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, Starting Tomorrow, 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

☐ 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**

5,000 Units, subcutaneous, Q12H SCH

☐ **HEParin (porcine) injection - Q8 Hours**

5,000 Units, subcutaneous, Q8H SCH

☐ **Not high bleed risk (Selection Required)**

☐ **Wt > 100 kg**

7,500 Units, subcutaneous, Q8H, Starting Tomorrow

☐ **Wt LESS than or equal to 100 kg**

5,000 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

☐ **Rivaroxaban and Pharmacy Consult (Selection Required)**

☒ **rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission**

10 mg, oral, Daily at 0600 , 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: VTE prophylaxis

☒ **Pharmacy consult to monitor rivaroxaban (XARELTO) therapy**

STAT, Until Discontinued, Starting Today, At: N, Indications: VTE prophylaxis

☐ **warfarin (COUMADIN) (Selection Required)**

☐ **WITHOUT pharmacy consult**

oral, Daily at 1700, Starting Tomorrow

☐ **WITH pharmacy consult (Selection Required)**

☒ **Pharmacy consult to manage warfarin (COUMADIN)**

STAT, Until Discontinued, Starting Today, At: N

☒ **warfarin (COUMADIN) tablet**

oral, Daily at 1700, Starting Tomorrow

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

☐ **Contraindications exist for mechanical prophylaxis**

Routine, Once

☒ **Place/Maintain sequential compression device continuous**

Routine, Continuous

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

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**

Routine, Once

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

Routine, Once

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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

Routine, Once

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

Routine, Once

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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**

☒ High risk of VTE

Routine, Once

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

Routine, Once

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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

Routine, Once

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

Routine, Once

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

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

☒ Low Risk (Selection Required)

☒ Low risk of VTE

Routine, Once, Low risk: 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

Routine, Once

☒ 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

Routine, Once

And

Place/Maintain sequential compression device continuous

Routine, Continuous

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

Contraindications exist for pharmacologic prophylaxis

Routine, Once

And

Contraindications exist for mechanical prophylaxis

Routine, Once

() 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

30 mg, subcutaneous, Daily at 1700, Starting Tomorrow

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

☒ enoxaparin (LOVENOX) injection

subcutaneous, Starting Tomorrow

() fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, Starting Tomorrow , 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.

() 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

5,000 Units, subcutaneous, Q12H SCH

() HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

() Not high bleed risk (Selection Required)

() Wt > 100 kg

7,500 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

☐ Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

oral, Daily at 1700, Starting Tomorrow

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

☒ warfarin (COUMADIN) tablet

oral, Daily at 1700, Starting Tomorrow

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

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

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

Routine, Once

☒ 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

Routine, Once

And

Place/Maintain sequential compression device continuous

Routine, Continuous

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

Contraindications exist for pharmacologic prophylaxis

Routine, Once

And

Contraindications exist for mechanical prophylaxis

Routine, Once

☐ 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

30 mg, subcutaneous, Daily at 1700

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

☒ enoxaparin (LOVENOX) injection

subcutaneous

☐ fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily , If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do

NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min

☐ 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

5,000 Units, subcutaneous, Q12H SCH

☐ HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

7,500 Units, subcutaneous, Q8H SCH

☐ Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H SCH

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

oral, Daily at 1700

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

☒ warfarin (COUMADIN) tablet

oral, Daily at 1700

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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.

☒ High Risk (Selection Required)

☒ High risk of VTE

Routine, Once

☒ High Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once

() 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

30 mg, subcutaneous, Daily at 1700, Starting Tomorrow

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

[X] enoxaparin (LOVENOX) injection

subcutaneous, Starting Tomorrow

() fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, Starting Tomorrow , 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.

() 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

5,000 Units, subcutaneous, Q12H SCH

() HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

() Not high bleed risk (Selection Required)

() Wt > 100 kg

7,500 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

() Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

oral, Daily at 1700, Starting Tomorrow

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

☒ warfarin (COUMADIN) tablet

oral, Daily at 1700, Starting Tomorrow

☐ 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.

☒ High Risk (Selection Required)

☒ High risk of VTE

Routine, Once

☒ High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once

☐ 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

30 mg, subcutaneous, Daily at 1700

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

☒ enoxaparin (LOVENOX) injection

subcutaneous

☐ fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

☐ 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

5,000 Units, subcutaneous, Q12H SCH

☐ HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

7,500 Units, subcutaneous, Q8H SCH

☐ Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H SCH

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

oral, Daily at 1700

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

☒ warfarin (COUMADIN) tablet

oral, Daily at 1700

☐ 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.

☒ High Risk (Selection Required)

☒ High risk of VTE

Routine, Once

☒ High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Selection Required)

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once

☐ aspirin chewable tablet

162 mg, oral, Daily, Starting Tomorrow

☐ aspirin (ECOTRIN) enteric coated tablet

162 mg, oral, Daily, Starting Tomorrow

☐ Apixaban and Pharmacy Consult (Selection Required)

☒ apixaban (ELIQUIS) tablet

2.5 mg, oral, BID, Starting Tomorrow, Indications: VTE prophylaxis

☒ Pharmacy consult to monitor apixaban (ELIQUIS) therapy

STAT, Until Discontinued, Starting Today, At: N, Indications: VTE prophylaxis

☐ 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

30 mg, subcutaneous, Daily at 1700, Starting Tomorrow

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

☒ enoxaparin (LOVENOX) injection

subcutaneous, Starting Tomorrow

☐ fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, Starting Tomorrow, 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

☐ 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

5,000 Units, subcutaneous, Q12H SCH

() HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

() Not high bleed risk (Selection Required)

() Wt > 100 kg

7,500 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

() Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

() Rivaroxaban and Pharmacy Consult (Selection Required)

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

10 mg, oral, Daily at 0600 , 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: VTE prophylaxis

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

STAT, Until Discontinued, Starting Today, At: N, Indications: VTE prophylaxis

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

oral, Daily at 1700, Starting Tomorrow

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

[X] warfarin (COUMADIN) tablet

oral, Daily at 1700, Starting Tomorrow

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**

[X] Moderate risk of VTE

Routine, Once

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

Routine, Once

[] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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

Routine, Once

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

Routine, Once

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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**

☒ High risk of VTE

Routine, Once

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

Routine, Once

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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

Routine, Once

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

Routine, Once

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

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

☒ Low Risk (Selection Required)

☒ Low risk of VTE

Routine, Once, Low risk: 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

Routine, Once

☒ 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

Routine, Once

And

Place/Maintain sequential compression device continuous

Routine, Continuous

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

Contraindications exist for pharmacologic prophylaxis

Routine, Once

And

Contraindications exist for mechanical prophylaxis

Routine, Once

() 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

30 mg, subcutaneous, Daily at 1700, Starting Tomorrow

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

[X] enoxaparin (LOVENOX) injection

subcutaneous, Starting Tomorrow

() fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, Starting Tomorrow , 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.

() 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

5,000 Units, subcutaneous, Q12H SCH

() HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

() Not high bleed risk (Selection Required)

() Wt > 100 kg

7,500 Units, subcutaneous, Q8H, Starting Tomorrow

() Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

oral, Daily at 1700, Starting Tomorrow

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

☒ warfarin (COUMADIN) tablet

oral, Daily at 1700, Starting Tomorrow

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

☐ 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

Routine, Once

☒ 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

Routine, Once

And

Place/Maintain sequential compression device continuous

Routine, Continuous

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

Contraindications exist for pharmacologic prophylaxis

Routine, Once

And

Contraindications exist for mechanical prophylaxis

Routine, Once

☐ 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

30 mg, subcutaneous, Daily at 1700

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

☒ enoxaparin (LOVENOX) injection

subcutaneous

☐ fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min

() 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

5,000 Units, subcutaneous, Q12H SCH

() HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

() Not high bleed risk (Selection Required)

() Wt > 100 kg

7,500 Units, subcutaneous, Q8H SCH

() Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H SCH

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

oral, Daily at 1700

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

[X] warfarin (COUMADIN) tablet

oral, Daily at 1700

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

() Contraindications exist for mechanical prophylaxis

Routine, Once

(X) Place/Maintain sequential compression device continuous

Routine, Continuous

() 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

Routine, Once

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

() Contraindications exist for pharmacologic prophylaxis

Routine, Once

() 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

30 mg, subcutaneous, Daily at 1700, Starting Tomorrow

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

☒ enoxaparin (LOVENOX) injection

subcutaneous, Starting Tomorrow

☐ fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, Starting Tomorrow , 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.

☐ 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

5,000 Units, subcutaneous, Q12H SCH

☐ HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

7,500 Units, subcutaneous, Q8H, Starting Tomorrow

☐ Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

oral, Daily at 1700, Starting Tomorrow

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

☒ warfarin (COUMADIN) tablet

oral, Daily at 1700, Starting Tomorrow

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

(X) Place/Maintain sequential compression device continuous

Routine, Continuous

() 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

Routine, Once

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

() Contraindications exist for pharmacologic prophylaxis

Routine, Once

() 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

30 mg, subcutaneous, Daily at 1700

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

[X] enoxaparin (LOVENOX) injection

subcutaneous

() fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily , If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

() 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

5,000 Units, subcutaneous, Q12H SCH

() HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

() Not high bleed risk (Selection Required)

() Wt > 100 kg

7,500 Units, subcutaneous, Q8H SCH

☐ Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H SCH

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

oral, Daily at 1700

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

☒ warfarin (COUMADIN) tablet

oral, Daily at 1700

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

☐ Contraindications exist for mechanical prophylaxis

Routine, Once

☒ Place/Maintain sequential compression device continuous

Routine, Continuous

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

☒ High Risk (Selection Required)

☒ High risk of VTE

Routine, Once

☒ High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Selection Required)

☐ Contraindications exist for pharmacologic prophylaxis

Routine, Once

☐ aspirin chewable tablet

162 mg, oral, Daily, Starting Tomorrow

☐ aspirin (ECOTRIN) enteric coated tablet

162 mg, oral, Daily, Starting Tomorrow

☐ Apixaban and Pharmacy Consult (Selection Required)

☒ apixaban (ELIQUIS) tablet

2.5 mg, oral, BID, Starting Tomorrow, Indications: VTE prophylaxis

☒ Pharmacy consult to monitor apixaban (ELIQUIS) therapy

STAT, Until Discontinued, Starting Today, At: N, Indications: VTE prophylaxis

☐ 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

30 mg, subcutaneous, Daily at 1700, Starting Tomorrow

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

☒ enoxaparin (LOVENOX) injection

subcutaneous, Starting Tomorrow

☐ fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, Daily, Starting Tomorrow, 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

() 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

5,000 Units, subcutaneous, Q12H SCH

() HEParin (porcine) injection - Q8 Hours

5,000 Units, subcutaneous, Q8H SCH

() Not high bleed risk (Selection Required)

() Wt > 100 kg

7,500 Units, subcutaneous, Q8H, Starting Tomorrow

() Wt LESS than or equal to 100 kg

5,000 Units, subcutaneous, Q8H, Starting Tomorrow, At: 0600

() Rivaroxaban and Pharmacy Consult (Selection Required)

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

10 mg, oral, Daily at 0600 , 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: VTE prophylaxis

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

STAT, Until Discontinued, Starting Today, At: N, Indications: VTE prophylaxis

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

oral, Daily at 1700, Starting Tomorrow

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until Discontinued, Starting Today, At: N

[X] warfarin (COUMADIN) tablet

oral, Daily at 1700, Starting Tomorrow

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

() Contraindications exist for mechanical prophylaxis

Routine, Once

(X) Place/Maintain sequential compression device continuous

Routine, Continuous

Labs

Cardiology

Cardiology

[] Electrocardiogram, 12-lead

Routine, Once, For 1 Occurrences, Clinical Indications: Cardiac Arrhythmia, On Admission

Imaging

CT Only Appears If: **SB IP ORDERSET NOT HHM**

☐ [CTA Head W Wo Contrast](#)

Routine, Once, Starting Today, At: 0100

☐ [CTA Neck W Wo Contrast](#)

Routine, Once, Starting Today, At: 0100

☐ [CT Head W Wo Contrast](#)

Routine, Once, Starting Today, At: 0100 , Perform 6 hours after ICU admission

☐ [CT Stroke Brain Wo Contrast](#)

STAT, Once, Starting Today, At: 0100 , neurologic decline

CT Only Appears If: **SB IP ORDERSET HHM ONLY**

☐ [CTA Head W Wo Contrast](#)

Routine, Once, Starting Today, At: 0100

☐ [CTA Neck W Wo Contrast](#)

Routine, Once, Starting Today, At: 0100

☐ [CT Head W Wo Contrast](#)

Routine, Once, Starting Today, At: 0100 , Perform 6 hours after ICU admission

☐ [CT Stroke Brain Wo Contrast](#)

STAT, Once, Starting Today, At: 0100 , neurologic decline

☐ [CT Stroke Brain Wo Contrast](#)

Routine, Once, Starting Today, At: 0100 , Perform 6-24 hours after INITIAL Brain Imaging., Stroke, follow up

Diagnostic MRI/MRA

☐ [MRI Brain W Wo Contrast](#)

Routine, Once, Starting Today, At: 0100

☐ [MRI Brain Venogram \(Inactive\)](#)

☐ [MRI Stroke Brain Wo Contrast](#)

Routine, Once, Starting Today, At: 0100

☐ [MRA Head Wo Contrast](#)

Routine, Once, Starting Today, At: 0100 , Intracranial hemorrhage

☐ [MRA Neck Wo Contrast](#)

Routine, Once, Starting Today, At: 0100 , Intracranial hemorrhage

X-Ray

☐ [Chest 2 Vw](#)

Routine, Once, Starting Today, At: 0100

☐ [Chest 1 Vw Portable](#)

Routine, Once, Starting Today, At: 0100

Other Studies

Respiratory

Respiratory Therapy

☐ [Oxygen therapy](#)

Routine, Continuous, Initial Device: Nasal Cannula, SpO2 Goal: Other (Specify), Specify: 95% and above, Indications for O2 therapy: Respiratory distress

☒ [Pulse oximetry check](#)

Routine, Daily

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults Only Appears If: **SB IP ORDERSET HHM ONLY**

☐ Consult Physical Medicine Rehab

Referral for 1 visits (expires: S+365)

☐ Consult Neurology

Referral for 1 visits (expires: S+365)

Consults

☒ Consult to Social Work

Reason for Consult: Discharge Planning

☒ Consult to PT eval and treat

Reasons for referral to Physical Therapy (mark all applicable): New functional deficits, not expected to spontaneously recover with medical modalities, Other, Specify: Stroke, Pre-morbid mRS and mRS at discharge

☒ Consult to OT eval and treat

Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming), Other, Specify: Stroke

☒ Consult to Case Management

Consult Reason: Discharge Planning

☐ Consult to Speech Language Pathology

Routine, Once, Consult Reason: Other specify, Specify: Post Hemorrhagic Stroke

☐ Consult to Spiritual Care

☐ Music Therapy/Art therapy consult - eval & treat

Routine

☐ Consult to Nutrition Services

Additional Orders