Rehabilitation Program Admission [1758]

General

Admission

[X] Admit to inpatient acute rehab	Diagnosis: Admitting Physician: 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.
[ ] Other	

Code Status

[ ] Full code	Code Status decision reached by:
[ ] DNR	
[ ] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[ ] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[ ] Consult to Social Work	Reason for Consult:
[ ] Modified Code	Does patient have decision-making capacity? Modified Code restrictions:
[ ] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:
[ ] Other	

Isolation

[ ] Airborne isolation status	Details
[ ] Contact isolation status	Details
[ ] Droplet isolation status	Details
[ ] Enteric isolation status	Details
[ ] Other	

Precautions

[ ] Aspiration precautions	Details
[ ] Fall precautions	Increased observation level needed:
[ ] Latex precautions	Details
[ ] Seizure precautions	Increased observation level needed:
[ ] Sternal precaution	Details
[ ] Range of motion precaution	Routine, Until discontinued, Starting S ***
[ ] Spinal - Cervical orthosis precautions	Details
[ ] Spinal thoraco-lumbar precautions	Details
[ ] Hip precautions	Precaution:
[ ] Other	

Common Present on Admission Diagnosis

[ ] Acidosis	Details
[ ] Acute Post-Hemorrhagic Anemia	Details
[ ] Acute Renal Failure	Details
[ ] Acute Respiratory Failure	Details
[ ] Acute Thromboembolism of Deep Veins of Lower Extremities	Details
[ ] Anemia	Details

[ ]	Bacteremia	Details
[ ]	Bipolar disorder, unspecified	Details
[ ]	Cardiac Arrest	Details
[ ]	Cardiac Dysrhythmia	Details
[ ]	Cardiogenic Shock	Details
[ ]	Decubitus Ulcer	Details
[ ]	Dementia in Conditions Classified Elsewhere	Details
[ ]	Disorder of Liver	Details
[ ]	Electrolyte and Fluid Disorder	Details
[ ]	Intestinal Infection due to Clostridium Difficile	Details
[ ]	Methicillin Resistant Staphylococcus Aureus Infection	Details
[ ]	Obstructive Chronic Bronchitis with Exacerbation	Details
[ ]	Other Alteration of Consciousness	Details
[ ]	Other and Unspecified Coagulation Defects	Details
[ ]	Other Pulmonary Embolism and Infarction	Details
[ ]	Phlebitis and Thrombophlebitis	Details
[ ]	Protein-calorie Malnutrition	Details
[ ]	Psychosis, unspecified psychosis type	Details
[ ]	Schizophrenia Disorder	Details
[ ]	Sepsis	Details
[ ]	Septic Shock	Details
[ ]	Septicemia	Details
[ ]	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
[ ]	Urinary Tract Infection, Site Not Specified	Details
[ ]	Other	

Nursing

Vitals Signs

[ ]	Vital signs - T/P/R/BP	Routine, Every 8 hours Inform MD if: -Heart Rate greater than 100 bpm or less than 55 bpm, or -SBP greater than 170 mm/Hg or DBP greater than 100 mm/Hg
[ ]	Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Inform MD if O2 saturations is less than 90%
[ ]	Neurovascular checks	Routine, Every 8 hours
[ ]	Other	

Activity

[ ]	Ambulate with assistance	Routine, 3 times daily Specify: with assistance
[ ]	Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance
[ ]	Patient position:	Routine, Until discontinued, Starting S Position: Additional instructions:
[ ]	Weight bearing	Routine, Until discontinued, Starting S Weight Bearing Status: Extremity:
[ ]	TLSO Brace	Routine, Until discontinued, Starting S Left/Right: Gender Size: Sizes:

[ ] Cervical collar	Routine, Once Type of Collar to Apply: Special Instructions:
[ ] Other	

General Nursing

[ ] Weigh patient	Routine, Once For 1 Occurrences On admission
[ ] Weigh patient	Routine, Weekly Every Monday
[ ] Daily weights	Routine, Daily
[ ] 1:1 patient	Routine, Continuous
[ ] Bed and chair alarm on	Routine, Until discontinued, Starting S
[ ] Intake and output	Routine, Every 8 hours
[ ] Strict intake and output	Routine, Every hour
[ ] Bedside glucose	Routine, 4 times daily before meals and at bedtime
[ ] Abdominal binder	Routine, Once Waking hours only? Nurse to schedule? Special Instructions:
[ ] Gastric tube maintenance	Routine, Until discontinued, Starting S Drainage: Intervention:
[ ] Tube site care	Routine, As needed Use normal saline with soap every shift as needed
[ ] Skin care	Routine, As needed Hand and foot care PRN for dry skin
[ ] Measure right thigh circumference	Routine, Once On admission, weekly and PRN
[ ] Measure right calf circumference	Routine, Once On admission, weekly and PRN
[ ] Measure left thigh circumference	Routine, Once On admission, weekly and PRN
[ ] Measure left calf circumference	Routine, Once On admission, weekly and PRN
[ ] Place antiembolic stockings	Routine, Once
[ ] Other	

Bladder Management

[ ] Insert and maintain Foley	
[ ] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
[ ] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Change open system foley catheter every 2 weeks
[ ] For patients without a foley	
[ ] Straight cath	Routine, Every 4 hours
[ ] Bladder scan	Routine, Every 4 hours For 3 Occurrences Post-void residual: Notify MD if PVR is greater than 250 ml or random bladder scan greater than 450 ml
[ ] Timed voids	Routine, Until discontinued, Starting S Every 4 hours from 6am to 10pm
[ ] For patients who require foley removal	
[ ] Foley catheter - discontinue	Routine, Once, Starting S+1 For 1 Occurrences Early AM
[ ] Straight cath	Routine, Every 4 hours, Starting S+1 Early AM, after foley catheter removal start every 4 hours

[ ] Bladder scan	Routine, Every 4 hours, Starting S+1 For 3 Occurrences Initiate post-void residual early AM, after foley removal. If volume is greater than 250mL, then cath and notify attending physician
[ ] Timed voids	Routine, Every 4 hours, Starting S+1 Every 4 hours from 6am to 10pm

[ ] Other

Diet / Tube Feeding / Nutrition Consults

[ ] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Keep NPO until cleared by Speech
[ ] Diet-Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet-Diabetic/Cal	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet-Dysphagia	Diet effective now, Starting S Diet(s): Dysphagia Solid Consistency: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet-Full liquids	Diet effective now, Starting S Diet(s): Full Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet-Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet-Renal	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet-Post transplant	Diet effective now, Starting S Diet(s): Post Transplant Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Encourage fluids	Routine, Until discontinued, Starting S

[ ] Oral supplements	Routine Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Can/Bottle Supplements (8oz/240mL): Number of Cans/Bottles (8oz/240mL) each administration:
[ ] Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Dietitian to manage Tube Feed?
[ ] Consult to Nutrition Services-MD order Diet Consult	Reason For Consult? Other (Specify),MD order Diet Consult Specify:
[ ] Consult to Nutrition Services-Tube feeding	Reason For Consult? Other (Specify) Specify: Tube feeding: Initiated transition to bolus
[ ] Other	

Medications

Nursing Medication Communication

[ ] Patient may take home medications	Routine, Until discontinued, Starting S Nurse to administer the patient approved home medications
[ ] Patient may not take home medications	Routine, Until discontinued, Starting S Except for dietary supplements as per physician orders
[ ] Swallow precautions	If patient is unable to swallow pills, call pharmacy for liquid form of medications
[ ] Other	

Peripheral IV Access

[ ] Initiate and maintain IV	
[ ] Insert peripheral IV	Routine, Once
[ ] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[ ] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
[ ] Other	

lidocaine (XYLOCAINE) 2% jelly

[ ] lidocaine (XYLOCAINE) 2 % jelly	Topical
[ ] Other	

Anticonvulsants

[ ] LORAZepam (ATIVAN) injection	2 mg, intravenous, once PRN, seizures, For 1 Doses
[ ] Other	

PRN Mild Pain (Pain Score 1-3) (Single Response)

(adjust dose for renal/liver function and age)

( ) acetaminophen (TYLENOL) tablet OR oral solution	**"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Hold for sedation or respiratory depression.
[ ] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet. Hold for sedation or respiratory depression.

[ ] Other

PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir	**"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day)

[ ] Other

PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir	**"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)

( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir — **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. Hold for sedation or respiratory depression.
[ ]	HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. Hold for sedation or respiratory depression.

( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir — **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. Hold for sedation or respiratory depression.
[ ]	HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet. Hold for sedation or respiratory depression.
( )	traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day)
[ ]	Other	

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral — **"Or" Linked Panel**

[X]	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X]	ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

[X] promethazine (PHENERGAN) IV or Oral or Rectal — **"Or" Linked Panel**

[X]	promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X]	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[X]	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

[ ] Other

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral — **"Or" Linked Panel**

[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[ ] Other	

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral	**"Or" Linked Panel**
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) IVPB or Oral or Rectal	**"Or" Linked Panel**
[ ] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[ ] Other	

Scheduled Bowel Care

[ ] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily Hold for loose stools.
[ ] senna (SENOKOT) tablet	2 tablet, oral, daily with lunch Hold for loose stools.
[ ] polyethylene glycol (MIRALAX) packet	17 g, oral, daily Hold for loose stools.
[ ] For Spinal Cord Patients - bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily Hold for loose stools.
[ ] Other	

PRN Bowel Care

[ ] bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation
[ ] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
[ ] polyethylene glycol (MIRALAX) packet	17 g, oral, 2 times daily PRN, constipation Mix in 4-8 ounces of water.
[ ] magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR WORSE	30 mL, oral, every 12 hours PRN, constipation Do not give if patient is on hemodialysis or is in chronic renal failure.
[ ] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation
[ ] docusate sodium (ENEMEEZ) enema	1 enema, rectal, nightly PRN, constipation

[ ] Other	

For Constipation still unrelieved: naloxegol (MOVANTIK)

naloxegol (Movantik) : For eGFR LESS than 60 mL/min or not tolerated, reduce dose to 12.5 mg once daily before breakfast on an empty stomach.
Avoid use in patient with severe hepatic impairment (Child-Pugh Class C)

[ ] naloxegol (MOVANTIK) tablet	25 mg, oral, daily before breakfast
[ ] Other	

Insomnia: For Patients LESS than 70 years old (Single Response)

( ) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
( ) traZODone (DESYREL) tablet	25 mg, oral, nightly PRN, sleep Indication:
( ) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
( ) mirtazapine (REMERON) tablet	15 mg, oral, nightly PRN, sleep Indication:
[ ] Other	

Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response)

( ) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
[ ] Other	

Respiratory Medications

[ ] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization Aerosol Delivery Device:
[ ] ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization Aerosol Delivery Device:
[ ] ipratropium-albuterol (DUONEB) nebulizer solution 0.5-2.5 mg/3 mL	**"And" Linked Panel**
[ ] ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 6 hours PRN, wheezing, shortness of breath, Wheezing Aerosol Delivery Device:
[ ] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 6 hours PRN, wheezing Aerosol Delivery Device:
[ ] acetylcysteine 200 mg/mL (20%) (MUCOMYST) inhalation	2 mL, nebulization, every 4 hours PRN Aerosol Delivery Device:
[ ] Other	

VTE

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:
Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Age 60 and above Severe fracture of hip, pelvis or leg
Central line Acute spinal cord injury with paresis
History of DVT or family history of VTE Multiple major traumas
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER
Less than fully and independently ambulatory Acute ischemic stroke
Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

( ) Low Risk of DVT

[ ] Low Risk (Single Response)

( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

( ) Moderate Risk of DVT - Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] Moderate Risk

[ ] Moderate risk of VTE	Routine, Once

[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)

( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

( ) enoxaparin (LOVENOX) injection (Single Response)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
[ ] Place antiembolic stockings	Routine, Once

( ) Moderate Risk of DVT - Non-Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] Moderate Risk	
[ ] Moderate risk of VTE	Routine, Once
[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
[ ] Place antiembolic stockings	Routine, Once

( ) High Risk of DVT - Surgical

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

[ ] High Risk

[ ] High risk of VTE	Routine, Once

[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)

( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

( ) enoxaparin (LOVENOX) injection (Single Response)

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Mechanical Prophylaxis (Single Response)

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
[ ] Place antiembolic stockings	Routine, Once

( ) High Risk of DVT - Non-Surgical

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

[ ] High Risk	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous

[ ] Place antiembolic stockings	Routine, Once

( ) High Risk of DVT - Surgical (Hip/Knee)

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

[ ] High Risk	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1. Indications:
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
[ ] Place antiembolic stockings	Routine, Once

[ ] Other

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:
Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Age 60 and above Severe fracture of hip, pelvis or leg
Central line Acute spinal cord injury with paresis
History of DVT or family history of VTE Multiple major traumas
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER
Less than fully and independently ambulatory Acute ischemic stroke
Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

( ) Low Risk of DVT	
[ ] Low Risk (Single Response)	
( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

( ) Moderate Risk of DVT - Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] Moderate Risk	
[ ] Moderate risk of VTE	Routine, Once
[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

( ) Moderate Risk of DVT - Non-Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] Moderate Risk	
[ ] Moderate risk of VTE	Routine, Once
[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

( ) High Risk of DVT - Surgical

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

[ ] High Risk	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

( ) High Risk of DVT - Non-Surgical

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

[ ] High Risk	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical) For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

( ) High Risk of DVT - Surgical (Hip/Knee)

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

[ ] High Risk	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1. Indications:
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ] Other

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:
Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Age 60 and above Severe fracture of hip, pelvis or leg
Central line Acute spinal cord injury with paresis
History of DVT or family history of VTE Multiple major traumas
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER
Less than fully and independently ambulatory Acute ischemic stroke
Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

( ) Low Risk of DVT

[ ] Low Risk (Single Response)

( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

( ) Moderate Risk of DVT - Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] Moderate Risk

[ ] Moderate risk of VTE	Routine, Once

[ ] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)

( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
[ ] Place antiembolic stockings	Routine, Once

( ) Moderate Risk of DVT - Non-Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] Moderate Risk	
[ ] Moderate risk of VTE	Routine, Once
[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
[ ] Place antiembolic stockings	Routine, Once

( ) High Risk of DVT - Surgical

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

[ ] High Risk	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
[ ] Place antiembolic stockings	Routine, Once

( ) High Risk of DVT - Non-Surgical

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

[ ] High Risk	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
[ ] Place antiembolic stockings	Routine, Once

( ) High Risk of DVT - Surgical (Hip/Knee)

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

[ ] High Risk	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1. Indications:
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Place sequential compression device and antiembolic stockings	**"And" Linked Panel**
[ ] Place/Maintain sequential compression device continuous	Routine, Continuous
[ ] Place antiembolic stockings	Routine, Once
[ ] Other	

Labs

Laboratory

[ ] Basic metabolic panel	Once
[ ] Comprehensive metabolic panel	Once
[ ] Hepatic function panel	Once
[ ] Fasting glucose level	Once
[ ] Glucose level	Once
[ ] Hemoglobin A1c	Once
[ ] Lipid panel	Once
[ ] Phosphorus level	Once
[ ] Magnesium level	Once
[ ] Uric acid level	Once
[ ] Albumin level	Once
[ ] Prealbumin level	Once
[ ] Alkaline phosphatase	Once
[ ] Thyroid stimulating hormone	Once
[ ] T4, free	Once
[ ] Other	

Hematology

[ ] CBC with platelet and differential	Once
[ ] Reticulocyte count	Once
[ ] Prothrombin time with INR	Once
[ ] Partial thromboplastin time	Once
[ ] Iron level	Once

[ ]	Total iron binding capacity	Once
[ ]	Ferritin level	Once
[ ]	Other	

Microbiology

[ ]	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
[ ]	Urinalysis, automated with microscopy	Once
[ ]	Stool culture	Once, Stool
[ ]	Other	

Drug Levels

[ ]	FK506 Tacrolimus level, random	Once
[ ]	Digoxin level	Once
[ ]	Phenytoin level	Once
[ ]	Valproic acid level	Once
[ ]	Vancomycin level, random	Once
[ ]	Other	

Cardiology

Cardiology

[ ]	ECG 12 lead	Routine, Once Clinical Indications: Interpreting Physician:
[ ]	Other	

Imaging

Diagnostic Imaging

[ ]	XR Abdomen 1 Vw Portable	Routine, 1 time imaging For 1
[ ]	XR Chest 1 Vw Portable	Routine, 1 time imaging For 1
[ ]	XR Chest 2 Vw	Routine, 1 time imaging For 1
[ ]	XR Abdomen 2 Vw Ap W Upright And/Or Decubitus	Routine, 1 time imaging For 1
[ ]	US Retroperitoneal	Routine, 1 time imaging For 1
[ ]	Us duplex venous lower extremity	Routine, 1 time imaging
[ ]	Us duplex venous upper extremity	Routine, 1 time imaging
[ ]	Modified Barium Swallow	Routine, 1 time imaging For 1
[ ]	Other	

Respiratory

Respiratory

[ ]	Oxygen therapy	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
[ ]	BIPAP	Routine, Once Mode: Resp Rate (breaths/min): IPAP (cm H2O): EPAP (cm H2O): O2 Bleed In (L/min): FiO2:

[ ] CPAP	Routine, Once Bubble CPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min): FiO2:
[ ] SLP passy muir valve	Routine, Once Reason for SLP?
[ ] Consult to Respiratory Therapy	Reason for Consult? Trach plugging
[ ] Other	

Consults

Consults

If patient has a known swallowing problem or decrease level of consciousness, consult Speech-Language Pathology

[X] Consult to Case Management	Consult Reason: Discharge Planning For discharge planning
[X] Consult to Social Work	Reason for Consult: Discharge Planning For discharge planning
[X] Consult to PT eval and treat	Special Instructions: Weight Bearing Status:
[X] Consult to OT eval and treat	Special Instructions: Weight Bearing Status:
[X] Consult to Theraputic Recreation - Eval & Treat	Reason for Consult? Eval & Treat
[ ] Consult to Speech Language Pathology	Routine, Once Reason for SLP?
[ ] Consult PT wound care	Special Instructions: Location of Wound?
[ ] Consult Hospitalist Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
[ ] Consult to Neuropsychology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
[ ] Consult to Spiritual Care	Reason for consult?
[ ] Neurologic music therapy consult - eval & treat	Routine Request Date: Please Indicate REASON FOR REFERRAL (check all that apply):
[ ] Consult Ophthalmology	Reason for Consult? Functional Vision Consult Patient/Clinical information communicated?
[ ] Other	