Lung Transplant Readmission [2099]

Common Present on Admission Diagnosis Acute Post-Hemorrhagic Anemia	Conorol	
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Acute Renal Failure	[] Acidosis	Details
Acute Respiratory Failure	Acute Post-Hemorrhagic Anemia	Details
Acute Thromboembolism of Deep Veins of Lower Extremities	Acute Renal Failure	Details
Anemia	[] Acute Respiratory Failure	Details
Bacteremia Details Bipolar disorder, unspecified Details Cardiac Arrest Details Cardiac Dysrhythmia Details Cardiac Dysrhythmia Details Cardiogenic Shock Details Decubitus Ulcer Details Dementia in Conditions Classified Elsewhere Details Disorder of Liver Details Disorder of Liver Details Electrolyte and Fluid Disorder Details Intestinal Infection due to Clostridium Difficile Details Methicillin Resistant Staphylococcus Aureus Infection Details Obtructive Chronic Bronchitis with Exacerbation Details Other Alteration of Consciousness Details Other and Unspecified Coagulation Defects 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 Sepsics Details Sepsic Details Sepsic Sepsis Details Septic Shock Details Septic Shock Details Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urriary Tract Infection, Site Not Specified Details	[] Acute Thromboembolism of Deep Veins of Lower Extremities	Details
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Electrolyte and Fluid Disorder	Dementia in Conditions Classified Elsewhere	Details
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Complication, Not Stated as Uncontrolled [] Urinary Tract Infection, Site Not Specified Details	<u> </u>	Details
[] Urinary Tract Infection, Site Not Specified Details		Details
[] Other	<u> </u>	Details
1.1	[] Other	

Admission or Observation (Single Response)

() Admit to Inpatient	Diagnosis:
	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment and the patient's
	condition as documented in the HP and progress notes, I expect that the patient
	will need hospital services for two or more midnights.
() Outpatient observation services under general supe	
	Admitting Physician:
	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:
[] Other	
Patient has active status order on file	
() Admit to Inpatient	Diagnosis:
	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment and the patient's
	condition as documented in the HP and progress notes, I expect that the patient
	will need hospital services for two or more midnights.
() Outpatient observation services under general supe	
	Admitting Physician:
	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:
[] Other	

Admission (Single Response)
Patient has active status order on file.

() Admit to inpatient	Diagnosis:
()	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment and the patient's
	condition as documented in the HP and progress notes, I expect that the patient
[1] Other	will need hospital services for two or more midnights.
[] Other	
Code Status	
[] Full code	Code Status decision reached by:
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:ever
[] DNR	
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
	if (answer = Yes)
	Is the patient's death imminent?
	if (answer = Yes)
	Code Status decision reached by:
	if (answer = Physician per criteria)
	I have notified/made reasonably diligent effort to notify the
	patient/family/legal representative that a DNR/Modified Code order has been
	placed in the patient's medical record.
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed
	to Sign this order.
	Is DNR/Modified Code medically appropriate?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed
	to Sign this order.
	Is DNR/Modified Code NOT contrary to patient's/surrogate's direction
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed
	to Sign this order.
	Is Patient imminently dying, regardless of provision of CPR?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed
	to Sign this order.
	if (answer = No)
	Code Status decision reached by:
	if (answer = Legal Surrogate)

Name of Surrogate: Surrogate Relation: if (answer = 6. Primary Physician with Concurring Physician) A Biomedical Ethics Consult is recommended. I will consult with a second physician, listed below, to co-sign this order. if (answer = 5. Nearest living relative (specify)) Nearest living relative: if (answer = Patient by means of Oral Directive) Witness 1 Name: Witness 2 Name: if (answer = No)Is the patient's death imminent? if (answer = Yes) Code Status decision reached by: if (answer = Physician per criteria) I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record. if (answer = No) Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order. Is DNR/Modified Code medically appropriate? if (answer = No) Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order. Is DNR/Modified Code NOT contrary to patient's/surrogate's direction? if (answer = No) Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order. Is Patient imminently dying, regardless of provision of CPR? if (answer = No) Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order. if (answer = Legal Surrogate) Name of Surrogate: Surrogate Relation: if (answer = 6. Primary Physician with Concurring Physician) A Biomedical Ethics Consult is recommended. I will consult with a second physician, listed below, to co-sign this order. if (answer = 5. Nearest living relative (specify)) Nearest living relative: if (answer = No) Code Status decision reached by: if (answer = Legal Surrogate) Name of Surrogate: Surrogate Relation: if (answer = 6. Primary Physician with Concurring Physician) Page 4 of 62

	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this
	order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:
[] Consult to Palliative Care Service	Priority:
[] Consult to Familiative Gare Service	Reason for Consult?
	if (answer = Other)
	Specify:
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
	if (answer = Other Specify)
	Specify:
[] Modified Code	Does patient have decision-making capacity?
[] Modified Code	if (answer = Yes)
	· · · · · · · · · · · · · · · · · · ·
	Is the patient's death imminent?
	if (answer = Yes)
	Code Status decision reached by:
	if (answer = Physician per criteria)
	I have notified/made reasonably diligent effort to notify the
	patient/family/legal representative that a DNR/Modified Code order has been
	placed in the patient's medical record.
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to
	Sign this order.
	Is DNR/Modified Code medically appropriate?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to
	Sign this order.
	Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to
	Sign this order.
	Is Patient imminently dying, regardless of provision of CPR?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to
	Sign this order.
	if (answer = No)
	Code Status decision reached by:
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this
	· · · · · · · · · · · · · · · · · · ·
	order.

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if (answer = 5. Nearest living relative (specify))
            Nearest living relative:
          if (answer = Patient by means of Oral Directive)
          Witness 1 Name:
          Witness 2 Name:
  if (answer = No)
    Is the patient's death imminent?
      if (answer = Yes)
        Code Status decision reached by:
         if (answer = Physician per criteria)
         I have notified/made reasonably diligent effort to notify the
patient/family/legal representative that a DNR/Modified Code order has been
placed in the patient's medical record.
            if (answer = No)
            Order CANNOT Proceed with answer "No". You will not be allowed to
Sign this order.
          Is DNR/Modified Code medically appropriate?
            if (answer = No)
            Order CANNOT Proceed with answer "No". You will not be allowed to
Sign this order.
         Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
            if (answer = No)
            Order CANNOT Proceed with answer "No". You will not be allowed to
Sign this order.
          Is Patient imminently dying, regardless of provision of CPR?
            if (answer = No)
            Order CANNOT Proceed with answer "No". You will not be allowed to
Sign this order.
          if (answer = Legal Surrogate)
          Name of Surrogate:
          Surrogate Relation:
            if (answer = 6. Primary Physician with Concurring Physician)
            A Biomedical Ethics Consult is recommended.
            I will consult with a second physician, listed below, to co-sign this
order.
            if (answer = 5. Nearest living relative (specify))
            Nearest living relative:
      if (answer = No)
        Code Status decision reached by:
         if (answer = Legal Surrogate)
          Name of Surrogate:
          Surrogate Relation:
            if (answer = 6. Primary Physician with Concurring Physician)
            A Biomedical Ethics Consult is recommended.
            I will consult with a second physician, listed below, to co-sign this
order.
            if (answer = 5. Nearest living relative (specify))
            Nearest living relative:
Modified Code restrictions:
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[] Treatment Restrictions	Treatment Restriction decision reached by:
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:
	Specify Treatment Restrictions:
	if (answer = Other Treatment Restrictions)
[] Other	Specify Other Treatment Restrictions:
[] Other	
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, pleas order this test for rapid diagnostics.	e Once, Sputum
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details
[] Other	
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
	if (answer = Yes)
	Level:
	For:
	Time:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
	if (answer = Yes)
	Level:
	For:
	Time:
[] Other	
Nursing	
Vital Signs	
[] Vital signs - T/P/R/BP	Routine, Every 4 hours, Starting S
[] Telemetry	"And" Linked Panel

Box) Reason for telemetry: if (answer = Other)	[]	Telemetry monitoring	Routine, Continuous
Reason for telemetry:			Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry
If (answer = Other) Other: Can be off of Telemetry for tests and baths? Yes if (answer = Can be off of Telemetry for tests and baths? Yes if (answer = Can be off of Telemetry for tests and baths? Yes if (answer = Can be off of Telemetry Additional Setup Information			Box)
Other: Can be off of Telemetry for tests and baths? Yes if (answer = No) Reason? Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate (BPM): 120 High SBP(mmHg): 175 Low SBP(mmHg): 175 Low SBP(mmHg): 100 High SBP(mmHg): 40 Low Meant BP: 120 Low SPO2(%): 94 Other Activity Bed rest			Reason for telemetry:
Other: Can be off of Telemetry for tests and baths? Yes if (answer = No) Reason? Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate (BPM): 120 High SBP(mmHg): 175 Low SBP(mmHg): 175 Low SBP(mmHg): 100 High SBP(mmHg): 40 Low Meant BP: 120 Low SPO2(%): 94 Other Activity Bed rest			
Can be off of Telemetry for tests and baths? Yes if (answer = No). Reason? Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate (BPM): 50 High PeVS (PmmHg): 100 High SBP(mmHg): 175 Low SBP(mmHg): 175 Low SBP(mmHg): 95 Low DBP(mmHg): 95 Low DBP(mmHg): 96 High Mean BP: 120 Low SPO2(%): 94 I Other Activity Routine, Until discontinued, Starting S Bathroom Privileges: Routine, Until discontinued, Starting S Specify- Cativity as tolerated if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other: Routine, Junia discontinued, Starting S Specify- Cativity as tolerated if (answer = Up in chair) Additional modifier: if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other: Routine, Junia discontinued, Starting S Specify- City as tolerated if (answer = Up in chair) Additional modifier: if (answer = Up in chair) Additional modifier: if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other: Routine, Junia discontinued, Starting S Head of bed Routine, Junia discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			
If (answer = No) Reason?			
Telemetry Additional Setup Information Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate (BPM): 120 Low Heart Rate (BPM): 120 High SBP(mmHg): 175 Low SBP(mmHg): 175 Low SBP(mmHg): 195 Low MBP(mmHg): 95 Low MBP(mmHg): 95 Low MBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94			
[] Telemetry Additional Setup Information Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate (BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 95 Low DBP(mmHg): 96 High Mean BP: 60 High Mean BP: 60 High Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 [] Other Activity [] Bed rest Routine, Until discontinued, Starting S Bathroom Privileges: [] Activity as tolerated Routine, Until discontinued, Starting S Specify: Activity as tolerated if (answer = Up in chair) Additional modifier: if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other: [] Ambulate Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			
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High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 Other			
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High Mean BP: 120			
Cow SPO2(%): 94			Low Mean BP: 60
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[] Bed rest Routine, Until discontinued, Starting S Bathroom Privileges: [] Activity as tolerated Routine, Until discontinued, Starting S Specify: Activity as tolerated if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other: [] Ambulate Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))	[]		
Bathroom Privileges: Routine, Until discontinued, Starting S Specify: Activity as tolerated if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other: Ambulate Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))	Activit	·y	
Bathroom Privileges: Routine, Until discontinued, Starting S Specify: Activity as tolerated if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other: Ambulate Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))	[] B	ed rest	Routine, Until discontinued, Starting S
Routine, Until discontinued, Starting S Specify: Activity as tolerated if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other: Ambulate Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, 3 times daily Specify: if (answer = other (specify)) Specify: if (answer = other (specify))			
Specify: Activity as tolerated if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other: [] Ambulate Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))	[] A	ctivity as tolerated	
if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other: Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))	[] /"	blivity do tolorated	
Additional modifier: if (answer = Other activity (specify)) Other: Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: I Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			
if (answer = Other activity (specify)) Other: Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			
Other: Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			
Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, 3 times daily Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			
Specify: if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			
if (answer = with assistive device) Device: if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))	[] A	mbulate	
Device: if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			
if (answer = other (specify)) Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			if (answer = with assistive device)
Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			Device:
Specify: [] Head of bed Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			if (answer = other (specify))
Routine, Until discontinued, Starting S Head of bed: 30 degrees if (answer = other degrees (specify))			· · · · · · · · · · · · · · · · · · ·
Head of bed: 30 degrees if (answer = other degrees (specify))	[] H	ead of bed	
if (answer = other degrees (specify))			
Specify:			
Specify:			
As aspiration precaution.	F 1	Lather the made	
[] Must be up for meals Routine, Until discontinued, Starting S	II M	rust he un tor meals	Routing Until discontinued Starting S
Sit upright for 30 minutes after each meal.		last be up for meals	

[] Activity (specify)	Routine, Until discontinued, Starting S
	Specify: Out of bed
	if (answer = Up in chair)
	Additional modifier:
	if (answer = Other activity (specify))
	Other:
	For meals.
[] Other	
<u> </u>	
Nursing	
[] Weigh patient	Routine, Once For 1 Occurrences
	Upon arrival
[] Weigh patient	Routine, Daily
[] Intake and output	Routine, Every shift
[] Other	·
Notify	
[] Notify Physician for vitals:	STAT, Until discontinued, Starting S
	Temperature greater than: 100.1
	Temperature less than:
	Systolic BP greater than: 160
	Systolic BP less than: 90
	Diastolic BP greater than: 110
	Diastolic BP less than: 40
	MAP less than: 60
	Heart rate greater than (BPM): 120
	Heart rate less than (BPM): 50
	Respiratory rate greater than: 25
	Respiratory rate less than: 8
	SpO2 less than: 88
[] Contact research coordinator if pt is enrolled in research study	Routine, Until discontinued, Starting S
[] Other	Rodano, Ona alboranasa, Starting S
Diet	
Diet	
For TPN, please use General Adult Total Parenteral Nutrition order set.	
[] Diet: Post Transplant	Diet effective now, Starting S
	Diet(s): Post Transplant
	if (answer = Dysphagia)
	Solid Consistency:
	if (answer = Other Diabetic/Cal)
	Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Other Bariatric)
	Bariatric:

	if (answer = Other Cultural/Special)
	Cultural/Special:
	if (answer = Additional Instructions)
	Additional Instructions:
	Advance Diet as Tolerated?
	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
L1 Diet Specify	Diet effective now, Starting S
[] Diet - Specify	
	Diet(s):
	if (answer = Dysphagia)
	Solid Consistency:
	if (answer = Other Diabetic/Cal)
	Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Other Bariatric)
	Bariatric:
	if (answer = Other Cultural/Special)
	Cultural/Special:
	if (answer = Additional Instructions)
	Additional Instructions:
	Advance Diet as Tolerated?
	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] NPO	Diet effective now, Starting S
	NPO: Except meds
	Pre-Operative fasting options:
	if (answer = Other)
	Specify:
[] Tube feeding - Continuous	Continuous
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Schedule: Continuous
	if (answer = Continuous)

```
Rate Based or Volume Based Feeding?
      if (answer = Rate Based Feeding)
       Tube Feeding Route:
       Initial Tube Feed rate (mL/hr):
       Advance Rate by (mL/hr):
         if (answer = 10 mL/hr) Or (answer = 15 mL/hr) Or (answer = 20 mL/hr)
Or (answer = 25 mL/hr) Or (answer = 30 mL/hr)
         Every (Specify) Hr(s):
           if (answer = Other)
           Specify:
       Goal Tube Feed Rate (mL/hr):
      if (answer = Volume Based Feeding (For Certain ICUs Only))
       Tube Feeding Route:
         if (answer = Nasoenteric)
         Rationale:
       Initial Tube Feed rate (mL/hr):
       Goal Tube Feed Rate (mL/hr):
       Total Fluid Volume in 24 Hours (mL):
  if (answer = Bolus)
   Bolus Route:
   Tube Feeding Bolus (mL):
   Additional Bolus Schedule Instructions:
  if (answer = Cyclic)
   Tube Feeding Route:
   Tube Feeding Cyclic (start / stop time):
   Tube Feeding Cyclic Rate (mL/hr):
Rate Based or Volume Based Feeding?
  if (answer = Rate Based Feeding)
    Tube Feeding Route:
   Initial Tube Feed rate (mL/hr):
   Advance Rate by (mL/hr):
     if (answer = 10 mL/hr) Or (answer = 15 mL/hr) Or (answer = 20 mL/hr) Or
(answer = 25 mL/hr) Or (answer = 30 mL/hr)
       Every (Specify) Hr(s):
         if (answer = Other)
         Specify:
   Goal Tube Feed Rate (mL/hr):
  if (answer = Volume Based Feeding (For Certain ICUs Only))
   Tube Feeding Route:
     if (answer = Nasoenteric)
       Rationale:
   Initial Tube Feed rate (mL/hr):
   Goal Tube Feed Rate (mL/hr):
   Total Fluid Volume in 24 Hours (mL):
Tube Feeding Schedule: Continuous
 if (answer = Continuous)
   Tube Feeding Route:
   Initial Tube Feed rate (mL/hr):
   Advance Rate by (mL/hr):
```

```
if (answer = 10 mL/hr) Or (answer = 15 mL/hr) Or (answer = 20 mL/hr) Or
                                                                              (answer = 25 mL/hr) Or (answer = 30 mL/hr)
                                                                                     Every (Specify) Hr(s):
                                                                                       if (answer = Other)
                                                                                       Specify:
                                                                                 Goal Tube Feed Rate (mL/hr):
                                                                                if (answer = Bolus)
                                                                                 Bolus Route:
                                                                                 Tube Feeding Bolus (mL):
                                                                                 Additional Bolus Schedule Instructions:
                                                                                if (answer = Cvclic)
                                                                                 Tube Feeding Route:
                                                                                 Tube Feeding Cyclic (start / stop time):
                                                                                 Tube Feeding Cyclic Rate (mL/hr):
                                                                              Dietitian to manage Tube Feed?
                                                                             Initial Tube Feed rate (mL/hr):
                                                                             Tube Feeding Route:
                                                                             Goal Tube Feed Rate (mL/hr):
                                                                             Advance Rate by (mL/hr):
                                                                                if (answer = 10 mL/hr) Or (answer = 15 mL/hr) Or (answer = 20 mL/hr) Or
                                                                              (answer = 25 mL/hr) Or (answer = 30 mL/hr)
                                                                                  Every (Specify) Hr(s):
                                                                                    if (answer = Other)
                                                                                     Specify:
Oral supplements
                                                                              Routine
                                                                             Can/Bottle Supplements (8oz/240mL):
                                                                               if (answer = Boost Glucose Control) Or (answer = Boost Plus)
                                                                                  Supplement Flavor Preference:
                                                                                if (answer = Boost Breeze)
                                                                                  Supplement Flavor Preference:
                                                                                if (answer = Ensure Compact)
                                                                                 Supplement Flavor Preference:
                                                                             Can/Bottle Supplements (8oz/240mL):
                                                                                if (answer = Boost) Or (answer = Boost Glucose Control) Or (answer = Boost
                                                                             Plus)
                                                                                  Supplement Flavor Preference:
                                                                                if (answer = Diabetishield)
                                                                                  Supplement Flavor Preference:
                                                                                if (answer = Boost Breeze)
                                                                                  Supplement Flavor Preference:
                                                                               if (answer = Magic Cup)
                                                                                 Supplement Flavor Preference:
                                                                              Can/Bottle Supplements (8oz/240mL):
                                                                                if (answer = Boost Plus) Or (answer = Boost Glucose Control)
                                                                                  Supplement Flavor Preference:
                                                                                if (answer = Boost Breeze)
                                                                                  Supplement Flavor Preference:
                                                                               if (answer = Boost Pudding) Or (answer = Ensure Compact)
```

```
Supplement Flavor Preference:
  if (answer = Novasource Renal)
   Supplement Flavor Preference:
Can/Bottle Supplements (8oz/240mL):
  if (answer = Boost) Or (answer = Boost Plus) Or (answer = Boost Glucose
Control)
    Supplement Flavor Preference:
  if (answer = Boost Breeze)
    Supplement Flavor Preference:
  if (answer = Boost Pudding)
   Supplement Flavor Preference:
Can/Bottle Supplements (8oz/240mL):
  if (answer = Boost Breeze)
    Supplement Flavor Preference:
  if (answer = Boost Glucose Control) Or (answer = Boost Plus)
    Supplement Flavor Preference:
  if (answer = Ensure Compact) Or (answer = Boost Pudding)
    Supplement Flavor Preference:
  if (answer = Novasource Renal)
   Supplement Flavor Preference:
Can/Bottle Supplements (8oz/240mL):
  if (answer = Boost Plus) Or (answer = Boost Glucose Control)
    Supplement Flavor Preference:
  if (answer = Boost Breeze)
   Supplement Flavor Preference:
  if (answer = Boost Pudding) Or (answer = Ensure Compact)
   Supplement Flavor Preference:
Can/Bottle Supplements (8oz/240mL):
  if (answer = Boost Plus) Or (answer = Boost Glucose Control)
   Supplement Flavor Preference:
  if (answer = Boost Breeze)
   Supplement Flavor Preference:
  if (answer = ProteineX)
    Supplement Flavor Preference:
  if (answer = Ensure Compact) Or (answer = Boost Pudding)
    Supplement Flavor Preference:
  if (answer = Novasource Renal)
    Supplement Flavor Preference:
Can/Bottle Supplements (8oz/240mL):
  if (answer = Boost Plus) Or (answer = Boost Glucose Control) Or (answer =
Boost Plus)
   Supplement Flavor Preference:
  if (answer = Boost Breeze)
    Supplement Flavor Preference:
  if (answer = Ensure Compact)
    Supplement Flavor Preference:
Number of Cans/Bottles (8oz/240mL) each administration:
```

[] Free water	Routine, Until discontinued, Starting S
	Free water amount:
[1] No contracted haveness	Site:
No carbonated beverages	Routine, Until discontinued, Starting S
[] Other	
Graft Dysfunction Orders	
[] Case request operating room	Location: HMH Bronchoscopy, Procedure: BRONCHOSCOPY
[] Complete consent for	Routine, Once Procedure: Bronchoscopy , biopsy, dilation, stent and lavage Diagnosis/Condition: Physician:
[] Spirometry	Routine, Once
[] Six minute walk w/ pulse oximetry	Routine, Once
[] HLA transplant evaluation	Once
[] HLA antibody screen - post transplant	Once
[] Other	
IV Fluids	
IV Fluids	
[] sodium chloride 0.9 % bolus	1,000 mL, intravenous, for 60 Minutes, once, For 1 Doses
[] sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
[] dextrose 5%-0.9% sodium chloride infusion	75 mL/hr, intravenous, continuous
[] dextrose 5%-0.45% sodium chloride infusion	75 mL/hr, intravenous, continuous
[] sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous
[] Other	
Medications	
Restricted Medications	
[] No ketorolac (Toradol)	STAT, Until discontinued, Starting S
	Reason for "No" order:
[] No NSAIDs EXcluding aspirin	STAT, Until discontinued, Starting S
	Reason for "No" order:
[] Other	
Steroids (Single Response)	
() predniSONE (DELTASONE) tablet	oral, daily
() methylPREDNISolone (Solu-MEDROL) IV	intravenous, daily
[] Other	If given by IV Push, administer over no less than 3 minutes.
[] Other	

Pneumocystis Prophylaxis (Single Response)

```
sulfamethoxazole-trimethoprim (BACTRIM DS) Options (Single Response)
   sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg tablet
                                                                                   1 tablet, oral, user specified, S at 5:00 PM
                                                                                   Type of Therapy: New Anti-Infective Order
                                                                                     if (answer = New Anti-Infective Order)
                                                                                       Reason for Therapy:
                                                                                         if (answer = Other)
                                                                                           Specify:
                                                                                         if (answer = Bacterial Infection Suspected)
                                                                                           Indication:
                                                                                             if (answer = Other)
                                                                                             Specify:
                                                                                         if (answer = Bacterial Infection Documented)
                                                                                           Indication:
                                                                                             if (answer = Other)
                                                                                             Specify:
                                                                                   Reason for Therapy: Medical Prophylaxis
                                                                                     if (answer = Other)
                                                                                       Specify:
                                                                                     if (answer = Bacterial Infection Suspected)
                                                                                       Indication:
                                                                                         if (answer = Other)
                                                                                           Specify:
                                                                                     if (answer = Bacterial Infection Documented)
                                                                                       Indication:
                                                                                         if (answer = Other)
                                                                                           Specify:
   sulfamethoxazole-trimethoprim (BACTRIM) 200-40 mg/5 mL suspension
                                                                                   oral, user specified, S at 5:00 PM
                                                                                   Type of Therapy: New Anti-Infective Order
                                                                                     if (answer = New Anti-Infective Order)
                                                                                       Reason for Therapy:
                                                                                         if (answer = Other)
                                                                                           Specify:
                                                                                         if (answer = Bacterial Infection Suspected)
                                                                                           Indication:
                                                                                             if (answer = Other)
                                                                                             Specify:
                                                                                         if (answer = Bacterial Infection Documented)
                                                                                           Indication:
                                                                                             if (answer = Other)
                                                                                             Specify:
                                                                                   Reason for Therapy: Medical Prophylaxis
                                                                                     if (answer = Other)
                                                                                       Specify:
                                                                                     if (answer = Bacterial Infection Suspected)
                                                                                       Indication:
                                                                                         if (answer = Other)
                                                                                           Specify:
                                                                                     if (answer = Bacterial Infection Documented)
```

	Indication:
	if (answer = Other)
	Specify:
() dapsone tablet	100 mg, oral, daily
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
() atovaquone (MEPRON) suspension	1,500 mg, oral, every 24 hours
() () () () () () ()	Shake gently before administration.
[] Other	Charle gently serere administration
Anti-Viral Prophylaxis (Single Response)	
() ganciclovir (CYTOVENE) Options (Single Response)	
() For CrCL GREATER than 50 mL/min - ganciclovir (CYTOVENE) IVPB	5 mg/kg, intravenous, nightly, Post-op
() To orde dicenter than 30 me/min gardicioni (0110 verte) ivi b	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
() For CrCL between 20, 50, ml/min, consider in (CVTOVENE) IVDD	
() For CrCL between 30 - 50 mL/min - ganciclovir (CYTOVENE) IVPB	2.5 mg/kg, intravenous, nightly, Post-op
	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
() 5 0011	Specify:
() For CrCL between 15 - 30 mL/min - ganciclovir (CYTOVENE) IVPB	0.625 mg/kg, intravenous, nightly, Post-op
	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

() For CrCL LESS than 15 mL/min or HD - ganciclovir (CYTOVENE) IVPB	0.625 mg/kg, intravenous, every 48 hours, Post-op Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
() For CRRT - ganciclovir (CYTOVENE) IVPB	2.5 mg/kg, intravenous, nightly, Post-op
() For CRRT - ganciclovir (CYTOVENE) IVPB	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
() (- '- (70) (D A) ()	, ,
() acyclovir (ZOVIRAX)	5 mg/kg, intravenous, every 8 hours
	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
() acyclovir (ZOVIRAX) oral	200 mg, oral, 2 times daily
	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
() valACYclovir (VALTREX) tablet	500 mg, oral, 2 times daily
	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
() valGANciclovir (VALCYTE) tablet	450 mg, oral, 2 times daily
() valGANciclovir (VALCYTE) tablet	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

() valGANciclovir (VALCYTE) tablet	450 mg, oral, user specified, S at 5:00 PM Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
() valGANciclovir (VALCYTE) 50 mg/mL oral solution	450 mg, oral, daily
	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented) Indication:
	if (answer = Other)
	Specify:
[] Other	ореспу.
<u>u</u> ewe	
Fungal Prophylaxis (Single Response)	
() nystatin (MYCOSTATIN) 100,000 unit/mL suspension	5 mL, Swish & Swallow, 4 times daily
	Reason of Therapy:
	if (answer = Other)
	Specify:
	if (answer = Fungal Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Fungal Infection Suspected)
	Indication:
	if (answer = Other)
() misofination (MAYCAMINIT) 400 may in codings obligated 0.0.0/ 400 mst. IV/DD	Specify:
() micafungin (MYCAMINE) 100 mg in sodium chloride 0.9 % 100 mL IVPB	
	RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone
	Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one?
	if (answer = I am ordering on behalf of an approved provider)
	Name of Approved Provider:
	if (answer = Formulary policy override (pharmacist use only))
	Provide name of secondary pharmacist who provided authorization and open
	a "Formulary Policy Override" i-Vent:
	if (answer = NO)
	HM Policy Alert:
	Reason for Therapy:
	if (answer = Fungal Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	Authorizing ID:
Drieta de la 40/04/0040 et 10:00 DM franc CUD	D 40 -f C

```
if (answer = Other)
                                                                                         Specify:
                                                                                 if (answer = Other)
                                                                                   Specify:
                                                                                   Authorizing ID:
                                                                                     if (answer = Other)
                                                                                       Specify:
                                                                                 if (answer = Fungal Infection Suspected)
                                                                                   Indication:
                                                                                     if (answer = Other)
                                                                                       Specify:
                                                                                       Authorizing ID:
                                                                                         if (answer = Other)
                                                                                         Specify:
amphotericin B liposome (AMBISOME) in water for injection, sterile (PF)
                                                                               50 mg, inhalation
                                                                               RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone
6.25 mL inhalation suspension
                                                                               Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists.
                                                                               Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one?
                                                                                 if (answer = I am ordering on behalf of an approved provider)
                                                                                   Name of Approved Provider:
                                                                                 if (answer = NO)
                                                                                   HM Policy Alert:
                                                                                 if (answer = Formulary policy override (pharmacist use only))
                                                                                   Provide name of secondary pharmacist who provided authorization and open
                                                                               a "Formulary Policy Override" i-Vent:
                                                                               [amphotericin B liposome]Reason for Therapy:
                                                                                 if (answer = Other)
                                                                                   Specify:
                                                                                 if (answer = Fungal Infection Documented)
                                                                                   Indication:
                                                                                     if (answer = Other)
                                                                                       Specify:
                                                                                       Authorizing ID:
                                                                                         if (answer = Other)
                                                                                         Specify:
                                                                                 if (answer = Fungal Infection Suspected)
                                                                                   Indication:
                                                                                     if (answer = Other)
                                                                                       Specify:
                                                                                       Authorizing ID:
                                                                                         if (answer = Other)
                                                                                         Specify:
voriconazole (VFEND) in sodium chloride 0.9 % 100 mL IVPB
                                                                               200 mg, intravenous, for 2 Hours, every 12 hours
                                                                               Reason for Therapy:
                                                                                 if (answer = Fungal Infection Suspected)
                                                                                   Indication:
                                                                                     if (answer = Other)
                                                                                       Specify:
```

```
Authorizing ID:
                                                                                               if (answer = Other)
                                                                                               Specify:
                                                                                       if (answer = Fungal Infection Documented)
                                                                                         Indication:
                                                                                           if (answer = Other)
                                                                                             Specify:
                                                                                             Authorizing ID:
                                                                                               if (answer = Other)
                                                                                               Specify:
                                                                                       if (answer = Other)
                                                                                         Specify:
                                                                                     200 mg, oral, every 12 hours
    voriconazole (VFEND) tablet
()
                                                                                     Crush tablet to make suspension if patient is unable to swallow.
                                                                                     Reason for Therapy:
                                                                                       if (answer = Fungal Infection Suspected)
                                                                                         Indication:
                                                                                           if (answer = Other)
                                                                                             Specify:
                                                                                             Authorizing ID:
                                                                                               if (answer = Other)
                                                                                               Specify:
                                                                                       if (answer = Fungal Infection Documented)
                                                                                         Indication:
                                                                                           if (answer = Other)
                                                                                             Specify:
                                                                                             Authorizing ID:
                                                                                               if (answer = Other)
                                                                                               Specify:
                                                                                       if (answer = Other)
                                                                                         Specify:
    itraconazole (SPORONOX) Options (Single Response)
        itraconazole (SPORANOX) 10 mg/mL solution
                                                                                        200 mg, oral, 2 times daily at 0600, 1800
                                                                                        If medication is given per the enteral feeding tube, stop feeding 1 hour before
                                                                                        and 2 hours after dose. Adjust enteral feeding rate accordingly.
                                                                                        Reason for Therapy:
                                                                                          if (answer = Fungal Infection Suspected)
                                                                                            Indication:
                                                                                              if (answer = Other)
                                                                                                Specify:
                                                                                                Authorizing ID:
                                                                                                  if (answer = Other)
                                                                                                  Specify:
                                                                                          if (answer = Fungal Infection Documented)
                                                                                            Indication:
                                                                                              if (answer = Other)
                                                                                                Specify:
                                                                                                Authorizing ID:
```

```
if (answer = Other)
                                                                                                   Specify:
                                                                                          if (answer = Other)
                                                                                             Specify:
        itraconazole (SPORANOX) capsule
                                                                                        200 mg, oral, 2 times daily with meals
                                                                                        If medication is given per the enteral feeding tube, stop feeding 1 hour before
                                                                                        and 2 hours after dose. Adjust enteral feeding rate accordingly.
                                                                                        Reason for Therapy:
                                                                                          if (answer = Fungal Infection Suspected)
                                                                                             Indication:
                                                                                              if (answer = Other)
                                                                                                 Specify:
                                                                                                Authorizing ID:
                                                                                                   if (answer = Other)
                                                                                                   Specify:
                                                                                          if (answer = Fungal Infection Documented)
                                                                                             Indication:
                                                                                              if (answer = Other)
                                                                                                 Specify:
                                                                                                 Authorizing ID:
                                                                                                   if (answer = Other)
                                                                                                   Specify:
                                                                                          if (answer = Other)
                                                                                             Specify:
    Other
Antibiotics
    Gram Negative
        amikacin (AMIKIN) IV
                                                                                        intravenous, for 30 Minutes
                                                                                         Please send all cultures prior to starting antibiotic.
                                                                                         Reason for Therapy:
                                                                                          if (answer = Other)
                                                                                             Specify:
                                                                                          if (answer = Bacterial Infection Suspected)
                                                                                             Indication:
                                                                                              if (answer = Other)
                                                                                                 Specify:
                                                                                          if (answer = Bacterial Infection Documented)
                                                                                             Indication:
                                                                                              if (answer = Other)
                                                                                                 Specify:
```

[] aztreonam (AZACTAM) IV	intravenous Please send all cultures prior to starting antibiotic. Type of Therapy: if (answer = New Anti-Infective Order) Reason for Therapy: if (answer = Other) Specify: if (answer = Bacterial Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Bacterial Infection Documented) Indication: if (answer = Other) Specify:
[] cefepime (MAXIPIME) IV	intravenous Please send all cultures prior to starting antibiotic. Type of Therapy: if (answer = New Anti-Infective Order) Reason for Therapy: if (answer = Other) Specify: if (answer = Bacterial Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Bacterial Infection Documented) Indication: if (answer = Other) Specify: if (answer = Other) Specify:
[] meropenem (MERREM) IV	intravenous Please send all cultures prior to starting antibiotic. Reason for Therapy: if (answer = Other) Specify: if (answer = Bacterial Infection Suspected) Indication: if (answer = Other) Specify: if (answer = Bacterial Infection Documented) Indication: if (answer = Bacterial Infection Documented) Indication: if (answer = Other) Specify:

] piperacillin-tazobactam (ZOSYN) IV	intravenous
	Please send all cultures prior to starting antibiotic.
	Type of Therapy:
	if (answer = New Anti-Infective Order)
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
Anaerobic (Single Response)	
() clindamycin (CLEOCIN) IV or Oral (Single Response)	
() clindamycin (CLEOCIN) IV	intravenous, for 30 Minutes
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
() clindamycin (CLEOCIN) capsule	150 mg, oral, 4 times daily
	Administer with a full glass of water to minimize esophageal ulcerations.
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
() metroNIDAZOLE (FLAGYL) IV or Oral (Single Response)	Specify:

```
metronidazole (FLAGYL) IV
                                                                                      intravenous
                                                                                     Reason for Therapy:
                                                                                       if (answer = Bacterial Infection Suspected)
                                                                                          Indication:
                                                                                           if (answer = Other)
                                                                                              Specify:
                                                                                        if (answer = Bacterial Infection Documented)
                                                                                          Indication:
                                                                                            if (answer = Other)
                                                                                              Specify:
                                                                                       if (answer = Other)
                                                                                          Specify:
                                                                                     500 mg, oral, 3 times daily
     metroNIDAZOLE (FLAGYL) tablet
                                                                                     Give with meals. Do not give with alcohol or drug products with significant
                                                                                     alcohol base. Please send all cultures prior to starting antibiotic.
                                                                                     Reason for Therapy:
                                                                                       if (answer = Bacterial Infection Suspected)
                                                                                          Indication:
                                                                                           if (answer = Other)
                                                                                             Specify:
                                                                                       if (answer = Bacterial Infection Documented)
                                                                                          Indication:
                                                                                           if (answer = Other)
                                                                                              Specify:
                                                                                        if (answer = Other)
                                                                                          Specify:
Fluoroquinolones (Single Response)
   ciprofloxacin (CIPRO) IV or Oral (Single Response)
     ciprofloxacin (CIPRO) IV
                                                                                     intravenous, for 60 Minutes
                                                                                     Reason for Therapy:
                                                                                        if (answer = Other)
                                                                                          Specify:
                                                                                       if (answer = Bacterial Infection Suspected)
                                                                                          Indication:
                                                                                           if (answer = Other)
                                                                                              Specify:
                                                                                        if (answer = Bacterial Infection Documented)
                                                                                          Indication:
                                                                                            if (answer = Other)
                                                                                              Specify:
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() : (I : HO! (OIDDO) (H (1.0 1 1.0000 1000
() ciprofloxacin HCl (CIPRO) tablet	oral, 2 times daily at 0600, 1600
	Take 1 hour before or 2 hours after meals. Please send all cultures prior to
	starting antibiotic.
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	· · · · · · · · · · · · · · · · · · ·
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
() levoFLOXacin (LEVAQUIN) IV or Oral (Single Response)	
() levoFLOXacin (LEVAQUIN) IV	intravenous
	Separate by 2 hours from any milk product, antacid or iron. May cause Q-T
	interval prolongation. Please send all cultures prior to starting antibiotic.
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	, ,
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
() levoFLOXacin (LEVAQUIN) tablet	oral, daily at 0600 (TIME CRITICAL)
	Separate by 2 hours from any milk product, antacid or iron. May cause Q-T
	interval prolongation. Please send all cultures prior to starting antibiotic.
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
[1] MDCA Cupperted (Cingle Department)	Specify:
[] MRSA Suspected (Single Response)	
() vancomycin (VANCOCIN) IV	
[] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous
	Reason for Therapy: Bacterial Infection Suspected
	if (answer = Other)

```
Specify:
                                                                                    if (answer = Bacterial Infection Suspected)
                                                                                      Indication:
                                                                                        if (answer = Other)
                                                                                          Specify:
                                                                                    if (answer = Bacterial Infection Documented)
                                                                                      Indication:
                                                                                        if (answer = Other)
                                                                                          Specify:
                                                                                  Indication:
                                                                                    if (answer = Other)
                                                                                      Specify:
                                                                                  Type of Therapy:
                                                                                    if (answer = New Anti-Infective Order)
                                                                                      Reason for Therapy:
                                                                                        if (answer = Other)
                                                                                          Specify:
                                                                                        if (answer = Bacterial Infection Suspected)
                                                                                          Indication:
                                                                                            if (answer = Other)
                                                                                            Specify:
                                                                                        if (answer = Bacterial Infection Documented)
                                                                                          Indication:
                                                                                            if (answer = Other)
                                                                                            Specify:
                                                                                  STAT, Until discontinued, Starting S
 Pharmacy consult to manage vancomycin
                                                                                  Indication:
linezolid (ZYVOX) IV or Oral (Single Response)
 linezolid (ZYVOX) infusion
                                                                                  600 mg, intravenous, for 60 Minutes, every 12 hours
                                                                                  Reason for Therapy:
                                                                                    if (answer = Other)
                                                                                      Specify:
                                                                                    if (answer = Bacterial Infection Suspected)
                                                                                      Indication:
                                                                                        if (answer = Other)
                                                                                          Specify:
                                                                                    if (answer = Bacterial Infection Documented)
                                                                                      Indication:
                                                                                        if (answer = Other)
                                                                                          Specify:
```

() linezolid (ZYVOX) tablet	600 mg, oral, 2 times daily
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
Other	
Prophylaxis	
pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600
	Do NOT Crush.
	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
	if (answer = Other (Specify))
	Specify:
pantoprazole (PROTONIX) 40 mg IV Push	40 mg, intravenous, daily
, ,	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
	if (answer = Other (Specify))
	Specify:
famotidine (PEPCID) tablet	40 mg, oral, daily
Other	
espiratory Medications	
Respiratory Therapy	
[] acetylcysteine 200 mg/mL (20 %) inhalation dose	2 mL, nebulization, Respiratory Therapy - 2 times daily
	Aerosol Delivery Device:
	if (answer = Intrapulmonary Percussive Ventilation (Meta-Neb Device))
	Meta-Neb Indications:
[] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, Respiratory Therapy - every 4 hours
	Aerosol Delivery Device:
	if (answer = Intrapulmonary Percussive Ventilation (Meta-Neb Device))
	Meta-Neb Indications:
[] hypertonic sodium chloride nebulizer solution (Single Response)	
() sodium chloride 3 % nebulizer solution	4 mL, nebulization, once
() sodium chloride 7 % nebulizer solution	4 mL, nebulization, once
[] ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, Respiratory Therapy - every 4 hours
, ,	Aerosol Delivery Device:
	•
	if (answer = Intrapulmonary Percussive Ventilation (Meta-Neb Device))

	ipratropium-albuterol (DUO-NEB) 0.5-2.5 mg/mL nebulizer solution	3 mL, nebulization, Respiratory Therapy - every 6 hours Aerosol Delivery Device: if (answer = Intrapulmonary Percussive Ventilation (Meta-Neb Device)) Meta-Neb Indications:
[] [nhaled Antibiotics/Antifungals	
	amikacin (AMIKIN) 125 mg in water for injection, sterile (PF) inhalation solution	125 mg, inhalation
	amphotericin B liposome (AMBISOME) 50 mg in water for injection, sterile (PF) 6.25 mL inhalation suspension	50 mg, inhalation RESTRICTED to Infectious Diseases (ID), Solid Organ Transplant (SOT), Bone Marrow Transplant (BMT), and Hematology/Oncology (Heme/Onc) specialists. Are you an ID, SOT, BMT, or Heme/Onc specialist or ordering on behalf of one? if (answer = I am ordering on behalf of an approved provider) Name of Approved Provider: if (answer = NO) HM Policy Alert: if (answer = Formulary policy override (pharmacist use only)) Provide name of secondary pharmacist who provided authorization and open a "Formulary Policy Override" i-Vent: [amphotericin B liposome]Reason for Therapy: if (answer = Other) Specify: if (answer = Fungal Infection Documented) Indication: if (answer = Other) Specify: Authorizing ID: if (answer = Other) Specify: if (answer = Fungal Infection Suspected) Indication: if (answer = Other) Specify: Authorizing ID: if (answer = Other) Specify: Authorizing ID: if (answer = Other) Specify: Authorizing ID: if (answer = Other)
	colisthimethate inhalation solution (RESTRICTED)	nebulization RESTRICTED to Infectious Diseases (ID) and Pulmonology specialists. Are you an ID or Pulmonology specialist or ordering on behalf of one? if (answer = I am ordering on behalf of an approved provider) Name of Approved Provider: if (answer = NO) HM Policy Alert: if (answer = Formulary policy override (pharmacist use only)) Provide name of secondary pharmacist who provided authorization and open a "Formulary Policy Override" i-Vent: Type of Therapy: if (answer = New Anti-Infective Order) Reason for Therapy:

	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
[1] tohumusin inholation polytion	Specify:
[] tobramycin inhalation solution	300 mg, inhalation, Respiratory Therapy - every 12 hours
[] Other	
GI Motility (Single Response)	
() metoclopramide (REGLAN) tablet	10 mg, oral, 4 times daily before meals and nightly
() metoclopramide (REGLAN) injection	5 mg, intravenous, every 6 hours
[] 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. (Ci	irrhosis 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. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
[] additimoprion (1.122.102) daspondion	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
	tolerate oral tablet.
[] Other	
PRN Oral for Moderate Pain (Pain Score 4-6): For Patients LESS than 6 (adjust dose for renal/liver function and age)	65 years old (Single Response)
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir	"Or" Linked Panel
	irrhosis 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
	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.
[] 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.
() HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir	"Or" Linked Panel
	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.
[] 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.
() 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)
PRN Oral for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 (adjust dose for renal/liver function and age) () acetaminophen-codeine (TYLENOL #3) tablet OR elixir	"Or" Linked Panel
	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
	s 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	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
frequency to every 12 hours)	(Max Daily dose not to exceed 200 mg/day)
[] Other	
PRN IV for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years If you select a PCA option you will not be allowed to also order IV PRN pain manual days (adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
() morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
[] Other	
If you select a PCA option you will not be allowed to also order IV PRN pain me (adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
() morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() HYDROmorphone (DILAUDID) injection [] Other	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
PRN Oral for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years (adjust dose for renal/liver function and age)	s old (Single Response)
() HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
[] Other	
PRN Oral for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 y (adjust dose for renal/liver function and age)	years old (Single Response)
() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
() HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
() HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
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[] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
Antiemetics	
[] Other	
[] 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.
[] 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) 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.
[] promethazine (PHENERGAN) IV or Oral or Rectal	is required. "Or" Linked Panel
[] ondansetron (ZOFRAN) 4 mg/2 mL injection	Give if patient is able to tolerate oral medication. 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action
[] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting
Antiemetics [] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
[] Other	этэ тэд, таан этэ этэ этэ этэ этэ этэ этэ этэ этэ эт
() morphine injection () HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() fentaNYL (SUBLIMAZE) injection() morphine injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) 2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
PRN IV for Severe Pain (Pain Score 7-10): For Patients GREATER than If you select a PCA option you will not be allowed to also order IV PRN (adjust dose for renal/liver function and age)	pain medications from this section.
[] Other	
() HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
PRN IV for Severe Pain (Pain Score 7-10): For Patients LESS than 65 y If you select a PCA option you will not be allowed to also order IV PRN (adjust dose for renal/liver function and age)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
[] Other	g,,,,,,
() morphine (MSIR) tablet() oxyCODONE (ROXICODONE) immediate release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
(1)	45 J 01 BBN 1 (7.40)

[]	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.
[- 	romethazine (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, at 60 mL/hr, for 20 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.
[] C	Other	
Antien	metics	
[] 0	ndansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
[]	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[]	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.
[] p	romethazine (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.
[] C	Other	
Bowel	l Care	
[] lc	pperamide (IMODIUM) capsule	2 mg, oral, 3 times daily PRN, diarrhea
	olyethylene glycol (MIRALAX) packet	17 g, oral, daily
	ocusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
	Other	<u> </u>
	g: For Patients GREATER than 77 years old (Single Response)	
() 0	etirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
	Other	5
<u> </u>		

Itching: For Patients between 70-76 years old (Single Response) cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching, Post-op Other Itching: For Patients LESS than 70 years old (Single Response) diphenhydrAMINE (BENADRYL) tablet 25 mg, oral, every 6 hours PRN, itching, Post-op 10 mg, oral, every 6 hours PRN, itching, Post-op hydrOXYzine (ATARAX) tablet 5 mg, oral, daily PRN, itching, Post-op cetirizine (ZyrTEC) tablet fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce 60 mg, oral, 2 times daily PRN, itching, Post-op frequency to once daily as needed Other Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response) 8 mg, oral, nightly PRN, sleep, Post-op ramelteon (ROZEREM) tablet Other Insomnia: For Patients LESS than 70 years old (Single Response) zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep, Post-op

8 mg, oral, nightly PRN, sleep, Post-op

VTE

Other

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

ramelteon (ROZEREM) tablet

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

()	Lo	WC	Risk	of	DΛ	Τ

^[] 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
	erate Risk of DVT - Surgical	
Addr	ess pharmacologic prophylaxis by selecting one of the following. Mechanical	prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.
	loderate Risk	
	Moderate risk of VTE	Routine, Once
	loderate Risk Pharmacological Prophylaxis - Surgical Patient (Single esponse)	
()	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: if (answer = Other) Other anticoagulant therapy:
()	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: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:

()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
		Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
[] N	Acchanical Drankylavia (Single Beanance)	Target INR:
	Mechanical Prophylaxis (Single Response)	Davidina Once
()	Contraindications exist for mechanical prophylaxis	Routine, Once
	Disco Maintain assurantial assurance in device continuous	No mechanical VTE prophylaxis due to the following contraindication(s):
	Place/Maintain sequential compression device continuous	Routine, Continuous
	erate Risk of DVT - Non-Surgical	
Addi	ress pharmacologic prophylaxis by selecting one of the following. Mechanical	prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.
[]N	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 therapeut
		anticoagulation for other indication.
		Therapy for the following:
		if (answer = Other)
		Other anticoagulant therapy:
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once
()	2	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	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
	mL/min	For Patients with CrCL LESS than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139	30 mg, subcutaneous, 2 times daily, Starting S
	kg and CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
		mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER	40 mg, subcutaneous, 2 times daily, Starting S
	and CrCl GREATER than 30 mL/min	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-Induce
		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	5,000 Units, subcutaneous, every 12 hours
()	bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than
	5, 5 5 · · · · · · · · · · · · · · · · ·	50kg and age GREATER than 75yrs.

() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
() DI	Target INR:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
[] 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
High Risk of DVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmac	cological and Mechanical Prophylaxis.
[1] High Diale	
[] High Risk [] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgical Patient (Single	roduno, onoc
Response)	
Response) () Patient is currently receiving therapeutic anticoagulation	Routine, Once
	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other)
() Patient is currently receiving therapeutic anticoagulation	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:
	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once
Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy:
Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response)	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
 () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min
 () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
 () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
 () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
 () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS 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
 () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
 () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER 	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: if (answer = Other) Other anticoagulant therapy: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS 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

() for	ndaparinux (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
		This patient has a history of or suspected case of hepatin-induced Thrombocytopenia (HIT):
() her	parin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	parin (porcine) injection (Recommended for patients with high risk of	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	eeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than
Die	sealing, e.g. weight < 30kg and age > 13yis)	50kg and age GREATER than 75yrs.
() wa	arfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1
() wa	anann (COOMADIN) tablet	Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:
() Ph	narmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
()	(Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:
[] Mec	chanical Prophylaxis (Single Response)	
() Co	ontraindications exist for mechanical prophylaxis	Routine, Once
	· · · ·	No mechanical VTE prophylaxis due to the following contraindication(s):
() Pla	ace/Maintain sequential compression device continuous	Routine, Continuous
() High Ris	sk of DVT - Non-Surgical	
Address	s both pharmacologic and mechanical prophylaxis by ordering from Pharm	nacological and Mechanical Prophylaxis.
[] High	n Risk	
	gh risk of VTE	Routine, Once
	n Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single	
	ponse)	
() Pa	atient 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:
		if (answer = Other)
		Other anticoagulant therapy:
() Co	ontraindications exist for pharmacologic prophylaxis	Routine, Once
	. ((0)(5)(0)()	No pharmacologic VTE prophylaxis due to the following contraindication(s):
, ,	oxaparin (LOVENOX) injection (Single Response)	40 1 4 4700 (7717 0017 01 0 0
	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
ı n	mL/min	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
	ŭ	mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER	40 mg, subcutaneous, 2 times daily, Starting S
()	and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
		mL/min
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
()	Torradparinax (vita) virgostori	If the patient does not have a history of or suspected case of Heparin-Induce
		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
$\frac{\cdot \cdot}{\cdot \cdot}$	heparin (porcine) injection (Recommended for patients with high risk of	5,000 Units, subcutaneous, every 12 hours
()	bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than
	blooding, e.g. Weight Cooky and age 7 Poylor	50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
()	wananii (000m/bii) tabiot	Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
()	Trainias) sonour to manage nanami (550m/15m)	Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:
] [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
Hiał	h Risk of DVT - Surgical (Hip/Knee)	
	dress both pharmacologic and mechanical prophylaxis by ordering from Pharmac	cological and Mechanical Prophylaxis.
Add	dress both pharmacologic and mechanical prophylaxis by ordering from Pharmac	cological and Mechanical Prophylaxis.
Add	dress both pharmacologic and mechanical prophylaxis by ordering from Pharmac High Risk	
Add	dress both pharmacologic and mechanical prophylaxis by ordering from Pharmac High Risk High risk of VTE	cological and Mechanical Prophylaxis. Routine, Once
Add]	dress both pharmacologic and mechanical prophylaxis by ordering from Pharmac High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty)	
Add	dress both pharmacologic and mechanical prophylaxis by ordering from Pharmac High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	Routine, Once
Add]	dress both pharmacologic and mechanical prophylaxis by ordering from Pharmac High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty)	Routine, Once Routine, Once
Add	dress both pharmacologic and mechanical prophylaxis by ordering from Pharmac High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeut
Add	dress both pharmacologic and mechanical prophylaxis by ordering from Pharmac High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeut anticoagulation for other indication.
Add	dress both pharmacologic and mechanical prophylaxis by ordering from Pharmac High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeut

() 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:
	if (answer = Other (Please specify))
	Specify Other Indication:
() 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	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
mL/min	For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
kg and CrCl GREATER than 30 mL/min	Starting S+1
	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg o	r 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
GREATER and CrCI GREATER than 30 mL/min	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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than
	50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during	
this admission	To be Given on Post Op Day 1.
	Indications:
	if (answer = Other (Please specify))
() (00) (00) (00)	Specify Other Indication:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
		Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:
[]	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
] Oth	ner	

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 (Sin Response)	gle

()	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:
		if (answer = Other) Other anticoagulant therapy:
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once
()	Contraindications exist for priarmacologic propriyiaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Response)	The priarriage of the propriyation and to the relieffing continuing action and in the priorriage of the annual content of the priorriage o
`()	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-Induce 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: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
	lerate Risk of DVT - Non-Surgical	

[] 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: if (answer = Other) Other anticoagulant therapy:
()	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 CrCI 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: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:

⁾ 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: if (answer = Other) Other anticoagulant therapy:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	The prisal macrosque is the property teams and the more teams and the macrosque is the control of the control o
() 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: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:

(()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S	
			Indication:	
			if (answer = Other (Specify indication & Target INR))	
			Specify indication & Target INR (free text):	
			if (answer = LVAD (Specify Target INR))	
			Target INR:	

() 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: if (answer = Other) Other anticoagulant therapy:
() 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:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
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: if (answer = Other) Other anticoagulant therapy:
() 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: if (answer = Other (Please specify)) Specify Other Indication:
() 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	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (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 between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LES than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission oral, daily at 10600 (TIME CRITICAL), Starting S+1 Indications: if (answer = Other (Please specify)) Specify Other Indication: oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR) Target INR: The patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindication: If the patient does not have a history of or surgery/invasive procedure, or CrCl LES than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 a	()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
patients LÉSS than 50kg, prior to surgery/invasive procedure, or CrCl LES than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS th 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: if (answer = Other (Please specify)) Specify Other Indication: oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Uther (Specify indication & Target INR)) Specify indication & Target INR) Target INR:) Pharmacy consult to manage warfarin (COUMADIN) Figure 1. LES Specify on visuation of the parin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS th 50kg and age GREATER than 75yrs. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 Indications: if (answer = Other (Please specify)) Specify Other Indication: if (answer = Other (Specify indication & Target INR)) Target INR:) Pharmacy consult to manage warfarin (COUMADIN) Figure 2. Language 4. LESS The Author 2. L			If the patient does not have a history or suspected case of Heparin-Induced
patients LÉSS than 50kg, prior to surgery/invasive procedure, or CrCl LES than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS th 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: if (answer = Other (Please specify)) Specify Other Indication: oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Uther (Specify indication & Target INR)) Specify indication & Target INR) Target INR:) Pharmacy consult to manage warfarin (COUMADIN) Figure 1. LES Specify on visuation of the parin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS th 50kg and age GREATER than 75yrs. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 Indications: if (answer = Other (Please specify)) Specify Other Indication: if (answer = Other (Specify indication & Target INR)) Target INR:) Pharmacy consult to manage warfarin (COUMADIN) Figure 2. Language 4. LESS The Author 2. L			Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in
than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5.000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 7 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: if (answer = Other (Please specify)) Specify Other Indication: if (answer = Other (Specify indication & Target INR)) Target INR: Pharmacy consult to manage warfarin (COUMADIN) The patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 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 th 50kg and age GREATER than 75yrs. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR) Target INR: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))			
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 1 heparin (porcine) injection 1 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 2 rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 3 this admission 4 this admission 5 the diven on Post Op Day 1. Indications: 1 (answer = Other (Please specify)) 2 Specify Other Indication: 2 oral, daily at 1700 (TIME CRITICAL), Starting S+1 3 Indication: 3 Indication: 3 If (answer = Other (Specify indication & Target INR)) 4 Specify indication & Target INR) 5 Target INR: 5 TAT, Until discontinued, Starting S 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 6,000 AM 7,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 8,000 AM 8,000 AM 8,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 8,000 AM 8,000 AM 8,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 8,000 AM			
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 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 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: if (answer = Other (Please specify)) Specify Other Indication: oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR) Target INR: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))			
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) 7 ivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 7 ivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 8 if (answer = Other (Please specify)) Specify Other Indication: 9 if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): 10 if (answer = LVAD (Specify Target INR)) Target INR: 11 on Mg, oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: 12 if (answer = UvAD (Specify Target INR)) Target INR: 13 on Mg, oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: 14 if (answer = UvAD (Specify Target INR)) Target INR: 15 on AM Shours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS th 50kg and age GREATER than 75yrs. 16 on Mg Shours (Starting S the commended for patients with high risk of bleeding, e.g. weight LESS th 50kg and age GREATER than 75yrs. 16 on Mg Shours (Starting S the commended for patients with high risk of bleeding, e.g. weight LESS th 50kg and age GREATER than 75yrs. 18 on Mg Shours (Starting S the commended for patients with high risk of bleeding, e.g. weight LESS the 50kg and age GREATER than 75yrs. 19 ong, oral, daily at 0600 (TIME CRITICAL), Starting S the commended for patients with high risk of bleeding, e.g. weight LESS the 50kg and age GREATER than 75yrs. 19 ong, oral, daily at 0600 (TIME CRITICAL), Starting S the commended for patients with high risk of bleeding, e.g. weight LESS the 50kg and age GREATER than 75yrs. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S the commended for patients with high risk of bleeding, e.g. weight LESS the 50kg and age GREATER than 75yrs. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S the commended for patients with high risk of 6:00 Am A to 6:00 Am A to 6:00 Am A to 6:00 Am A to 6:00 Am			
heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 7 ivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 7 ivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 7 ivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 8 ivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 9 ivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 (answer = Other (Please specify)) (answer = Other (Please specify)) (answer = Other (Specify indication & Target INR)) (answer = Other (Specify indication & Target INR)) (answer = LVAD (Specify Target INR)) (answer = LVAD (Specify Target INR)) (answer = Other (Specify indication & Target INR)) (answer = Other (Specify indication & Target INR)) (answer = Other (Specify indication & Target INR))	()	heparin (porcine) injection	, , , ,
bleeding, e.g. weight < 50kg and age > 75yrs) Recommended for patients with high risk of bleeding, e.g. weight LESS th 50kg and age GREATER than 75yrs. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications: if (answer = Other (Please specify)) Specify Other Indication: oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR) Target INR: Pharmacy consult to manage warfarin (COUMADIN) Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))	()		
50kg and age GREATER than 75yrs. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications: if (answer = Other (Please specify)) Specify Other Indication: oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR) Target INR: Pharmacy consult to manage warfarin (COUMADIN) Starting S Indication: if (answer = Other (Specify indication & Target INR)) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))	` '		
10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications: if (answer = Other (Please specify)) Specify Other Indication: oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR) Target INR: Pharmacy consult to manage warfarin (COUMADIN) Target INR: STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))			
this admission To be Given on Post Op Day 1. Indications: if (answer = Other (Please specify)) Specify Other Indication: oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))	()	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during	
Indications: if (answer = Other (Please specify)) Specify Other Indication: oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))	` '		
Specify Other Indication: oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))			·
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oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))			
if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR: Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))	()	warfarin (COUMADIN) tablet	
Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:) Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))	` '	'	Indication:
Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:) Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))			if (answer = Other (Specify indication & Target INR))
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Target INR:) Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))			
) Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR))			
Indication: if (answer = Other (Specify indication & Target INR))	() Pharmacy consult to manage warfarin (COUMADIN)	Pharmacy consult to manage warfarin (COUMADIN)	<u> </u>
			Indication:
			if (answer = Other (Specify indication & Target INR))
if (answer = LVAD (Specify Target INR))			
Target INR:			
Other	Oth	er	· · · · · · · · · · · · · · · · · · ·

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. Mechanica	l 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: if (answer = Other) Other anticoagulant therapy:
() 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: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
[] 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
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: if (answer = Other) Other anticoagulant therapy:
() 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	30 mg, subcutaneous, 2 times daily, Starting S
kg and CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER	40 mg, subcutaneous, 2 times daily, Starting S
and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
(ADDITED A) List	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of Heparin-Induce 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	5,000 Units, subcutaneous, every 12 hours
bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than
	50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR)) Target INR:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
() I hamlacy consult to manage warranin (COOMADIN)	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
] 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
High Risk of DVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmac	cological 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: if (answer = Other) Other anticoagulant therapy:
()	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 CrCI 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: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
[]	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

() High Risk of DVT - Non-Surgical
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[] High Risk	
[] High Risk [] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	Treatine, enec
() 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: if (answer = Other) Other anticoagulant therapy:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once
() enoxaparin (LOVENOX) injection (Single Response)	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() 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: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
(,	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:
[] 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
High Risk of DVT - Surgical (Hip/Knee)	
Address both pharmacologic and mechanical prophylaxis by ordering from Pharm	nacological 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 therapeut
	anticoagulation for other indication.
	Therapy for the following:
	if (answer = Other)
	Other anticoagulant therapy:
() 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:
	if (answer = Other (Please specify))
/ \	Specify Other Indication:
() 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)	40 mg auboutonoous doily at 0600 (TIME CRITICAL). Starting C.1
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
kg and CrCl GREATER than 30 mL/min	Starting S+1 For Patients weight between 100 130 kg and CrCL GREATER than 30
	For Patients weight between 100-139 kg and CrCl GREATER than 30
	ml /min
() enovanarin (LOVENOX) syringe - For Patients weight between 140 kg or	mL/min. 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL)
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
() enoxaparin (LOVENOX) syringe - For Patients weight between 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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 3 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS tha 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: if (answer = Other (Please specify)) Specify Other Indication:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
[] 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
Other Ibs os Today	
	nce
·	nce
	nce
<u> </u>	nce
	nce
•	noo

Once

Once

Once

Once

Magnesium level

Phosphorus level

Lactic acid level

Lipase level

[] LDH[] Troponin[] Nicotine and Cotinine, LC/MS/MS[] Type and screen	Once Once Once Once
Nicotine and Cotinine, LC/MS/MS	Once
•	
[1] Type and careen	Once
[] Other	
Viral Studies	
[] BK virus by PCR	Once
,	Specimen Source: Plasma
[] JC virus, quantitative PCR	Once
	Specimen Source:
[] Cytomegalovirus by PCR	Once
, , ,	Specimen Source: Plasma
[] Cytomegalovirus antigen	Once
[] CMV Genotyping	Once
	CMV Genotyping
[] Epstein Barr Virus (EBV) by PCR	Once
	Specimen Source: Plasma
[] Herpes simplex virus by PCR	Once
	Specimen Source: Plasma
[] Adenovirus by PCR	Once
,	Specimen Source: Plasma
[] Adenovirus qPCR - Viracor	Once
Human herpesvirus 6, quantitative PCR	Once
	Specimen Source:
[] HHV-7 qPCR - Viracor	Once
[] HHV-8 qPCR - Viracor	Once
[] Other	
Anemia Labs	
[] Ferritin	Once
[] Folate	Once
[] Haptoglobin	Once
[] Iron	Once
11	
Anemia Labs	
[] Ferritin	Once
[] Folate	Once
[] Haptoglobin	Once
	Once Once Once Once

[] Iron	Once
[] Total iron binding capacity and % saturation	Once
[] Vitamin B12	Once
[] Reticulocyte count	Once
[] Other	Office
[] Outo	
Microbiology	
[] Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once For 1 Occurrences, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Once For 1 Occurrences, Blood
	Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[] Urinalysis screen and microscopy, with reflex to culture	Conditional Frequency
	Specimen Source: Urine
	Specimen Site:
	If temperature greater than 99 degrees Fahrenheit.
[] Sputum culture	Conditional Frequency, Sputum
	One activation if temperature greater than 99 degrees Fahrenheit.
[] Respiratory pathogen panel	Once
[1] Blood outture v. 2	Nasal swab "And" Linked Panel
Blood culture x 2	
[] Blood Culture (Aerobic & Anaerobic)	Conditional Frequency, Blood One activation if temperature is greater than 99 degrees Fahrenheit.
	Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Conditional Frequency, Blood
,	One activation if temperature is greater than 99 degrees Fahrenheit.
	Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.
[] Other	
Laboratory Repeat Every Morning x 3	
[] CBC with platelet and differential	AM draw repeats, Starting S+1 For 7 Days
Prothrombin time with INR	AM draw repeats, Starting S+1 For 3 Days

[] Partial thromboplastin time	AM draw repeats, Starting S+1 For 3 Days
[] Basic metabolic panel	AM draw repeats, Starting S+1 For 7 Days
[] Magnesium level	AM draw repeats, Starting S+1 For 7 Days
[] Phosphorus level	AM draw repeats, Starting S+1 For 7 Days
[] Cyclosporine level, trough	AM draw repeats, Starting S+1 For 7 Days
[] Everolimus level, trough	AM draw repeats, Starting S+1 For 7 Days
[] FK506 Tacrolimus level, trough	AM draw repeats, Starting S+1 For 7 Days
[] Sirolimus level, trough	AM draw repeats, Starting S+1 For 7 Days
[] Lactic acid level	AM draw repeats, Starting S+1 For 3 Days
[] Other	

Cardiology

Cardiology

[] ECG 12 lead	STAT, Once, Starting S+2 at 6:00 AM For 1 Occurrences
	Clinical Indications: Post-Op Surgery
	if (answer = Other:)
	Other:
	Interpreting Physician:
	Upon arrival to the unit.
[] Cv echo 2d limited or follow up study	Routine, 1 time imaging
[] Other	

Imaging

Diagnostics X-Ray

[] XR Chest 2 Vw	Routine, 1 time imaging For 1
[] Chest 1 Vw Portable	STAT, 1 time imaging For 1 Occurrences
	on arrival to unit
[] XR Chest 1 Vw Portable	Routine, Daily imaging For 3 Days
[] XR Chest 1 Vw Portable	STAT, Conditional Frequency For 1
	If patient temperature is greater than 99.9 degrees Fahrenheit.
[] Other	

Diagnosics US

	Us duplex venous lower extremity	Routine, 1 time imaging
[]	Us duplex venous upper extremity	Routine, 1 time imaging
[]	Us duplex arterial lower extremity	Routine, 1 time imaging
	Us duplex arterial upper extremity	Routine, 1 time imaging
	US Renal	Routine, 1 time imaging For 1
[]	US Abdomen Complete	Routine, 1 time imaging For 1
	US Chest	Routine, 1 time imaging For 1
[]	Other	

CT

[] CT Chest Wo Contrast	Routine, 1 time imaging For 1
[] CT Chest W Contrast	Routine, 1 time imaging For 1
[] CT Chest W Abdomen W Pelvis W Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Readi-Cat (barium s	sulfate).
[] CT Chest W Contrast Abdomen W Contrast Pelvis W Contrast	Routine, 1 time imaging For 1
[] iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
[] CT Chest WO Abdomen WO Pelvis WO Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Readi-Cat (barium s	sulfate).
[] CT Chest Wo Contrast Abdomen Wo Contrast Pelvis Wo Contrast	Routine, 1 time imaging For 1
[] iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
[] CT Chest WO Abdomen WO Pelvis WO Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the panel with Readi-Cat (barium s	sulfate).
[] CT Chest Wo Contrast Abdomen Wo Contrast Pelvis Wo Contrast	Routine, 1 time imaging For 1
[] iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
[] CT Chest WO Abdomen WO Pelvis WO Contrast (Readi-Cat)	"And" Linked Panel
Ordered as secondary option for those with iodine allergies.	
[] CT Chest Wo Contrast Abdomen Wo Contrast Pelvis Wo Contrast	Routine, 1 time imaging For 1
[] barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast, For 1 Doses
[] Other	
Diagnostic Other	
[] Modified Barium Swallow Panel with Speech Consult	"And" Linked Panel
Please do not REMOVE SLP eval and treat order from this panel. Speech the	erapy is REQUIRED for imaging for Barium Swallow.
[] Modified Barium Swallow	Routine, 1 time imaging For 1 Occurrences
SLP eval and treat	Reason for SLP? Modified Barium Swallow
[] FL Esophagram Complete	Routine, 1 time imaging For 1
[] FL Fluoroscopy Of Diaphragm 2 Vw Chest	Routine, 1 time imaging For 1
NM Gastric Emptying	Routine, 1 time imaging For 1
[] Other	
Respiratory	
Respiratory Therapy	
Oxygen therapy	Routine, Continuous Device 1: Nasal Cannula if (answer = Nasal Cannula) Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: if (answer = Other (Specify))

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Specify O2 %:
                                                                                 if (answer = Simple Face Mask)
                                                                                   Rate in liters per minute:
                                                                                   Rate in tenths of a liter per minute:
                                                                                   02 %:
                                                                                     if (answer = Other (Specify))
                                                                                       Specify O2 %:
                                                                                 if (answer = High Flow Nasal Cannula (HFNC))
                                                                                   Rate in liters per minute:
                                                                                   Rate in liters per minute:
                                                                                     if (answer = Other (Specify))
                                                                                       Specify Ipm:
                                                                                   O2 %:
                                                                                     if (answer = Other (Specify))
                                                                                       Specify O2 %:
                                                                                   O2 %:
                                                                                     if (answer = Other (Specify))
                                                                                       Specify O2 %:
                                                                                 if (answer = Non-rebreather mask)
                                                                                   Rate in liters per minute:
                                                                                 if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or
                                                                               (answer = Trach Collar)
                                                                                   O2 %:
                                                                                     if (answer = Other (Specify))
                                                                                       Specify O2 %:
                                                                                 if (answer = Venturi Mask)
                                                                                   FiO2:
                                                                                     if (answer = Other (Specify))
                                                                                       Specify O2 %:
                                                                                 if (answer = Other (Specify))
                                                                                   Specify:
                                                                               Rate in liters per minute:
                                                                               Rate in tenths of a liter per minute:
                                                                               02 %:
                                                                                 if (answer = Other (Specify))
                                                                                   Specify O2 %:
                                                                               Titrate to keep O2 Sat Above: 92%
                                                                                 if (answer = Other (Specify))
                                                                                   Specify titration to keep O2 Sat (%) Above:
                                                                               Indications for O2 therapy:
                                                                                 if (answer = Other)
                                                                                   Specify:
                                                                               Keep pulse oximetry between 92%-95%
Incentive spirometry
                                                                               Routine, Every hour
Encourage deep breathing and coughing
                                                                               Routine, Every 2 hours
```

[] Chest physiotherapy	Routine, Every 4 hours	
	Delivery method: Vest	
	Indications:	
	if (answer = Other (Specify))	
	Specify:	
[] BIPAP for Obstruc	Routine, Once	
	Instructions for As Directed:	
	Mode:	
	Resp Rate (breaths/min):	
	IPAP (cm H2O):	
	EPAP (cm H2O):	
	O2 Bleed In (L/min):	
	FiO2:	
[] IPV -	Routine, Once	
	Medications:	
	if (answer = Other)	
	Specify:	
[] Other		
Consults		
For Physician Consult orders use sidebar		
Physician Consults		
[] Consult Psychiatry	Reason for Consult? Transplant patient	
, ,	Patient/Clinical information communicated?	
	if (answer = Answering service)	
	Additional information:	
	Patient/clinical information communicated?	
	if (answer = Consultant not contacted)	
	Will you contact the consultant?	
	if (answer = Answering service notified)	
	Additional information:	
[] Consult Cardiology	Reason for Consult?	

Patient/Clinical information communicated?

Patient/clinical information communicated?
if (answer = Consultant not contacted)
Will you contact the consultant?
if (answer = Answering service notified)

if (answer = Answering service) Additional information:

Additional information:

	1. D. 1	D (0 10
[] Co	onsult Diabetes/Endocrinology	Reason for Consult?
		Patient/Clinical information communicated?
		if (answer = Answering service)
		Additional information:
		Patient/clinical information communicated?
		if (answer = Consultant not contacted)
		Will you contact the consultant?
		if (answer = Answering service notified)
		Additional information:
[] Co	onsult Infectious Diseases	Reason for Consult?
' '		Patient/Clinical information communicated?
		if (answer = Answering service)
		Additional information:
		Patient/clinical information communicated?
		if (answer = Consultant not contacted)
		Will you contact the consultant?
		if (answer = Answering service notified)
		Additional information:
[] Co	onsult Nephrology/Hyperten	Reason for Consult?
		Patient/Clinical information communicated?
		if (answer = Answering service)
		Additional information:
		Patient/clinical information communicated?
		if (answer = Consultant not contacted)
		Will you contact the consultant?
		if (answer = Answering service notified)
		Additional information:
[] 01	ther	/ Idanici di Ilioni di Ilioni
Consu	lts	
[] Co	onsult to Nutrition Services	Reason For Consult? Other (Specify)
		if (answer = Other (Specify))
		Specify:
		Specify: Nutritional assessment
		Registered Dietitian
[] Co	onsult to PT eval and treat	Special Instructions: To evaluate and treat for muscle strengthening
		Weight Bearing Status:
[] Co	onsult to Transplant Social Work	Reason for Consult?
' ' ' '		Organ Transplant: Lung
		Contact Lung Transplant Social Work Consult at 713-441-5451.
וט נו	harmany concult to manage does adjustments for repel function	
[] Ph	harmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S
I		Adjust dose for:

[]	Music therapy consult - eval & treat	Routine
		Request Date:
		Please Indicate REASON FOR REFERRAL (check all that apply):
		if (answer = Sensorimotor)
		Sensorimotor:
		if (answer = Cognitive)
		Cognitive:
		if (answer = Speech & Language)
		Speech & Language:
[]	Other	