Lung Transplant Readmission [2099]

General

Common Present on Admission Diagnosis

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

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 supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
( ) Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:
[ ] Other	

Admission or Observation (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 will need hospital services for two or more midnights.
( ) Outpatient observation services under general supervision	Diagnosis: 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 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)

	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: 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?
	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)
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:

[ ]	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)
		Specify Other Treatment Restrictions:

[ ]	Other	

Isolation

[ ]	Airborne isolation status	
[ ]	Airborne isolation status	Details
[ ]	Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	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**

[ ]	Telemetry monitoring	Routine, Continuous
		Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
		Reason for telemetry:
		if (answer = Other)
		Other:
		Can be off of Telemetry for tests and baths? Yes
		if (answer = No)
		Reason?

[ ]	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): 40 Low 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 = 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)) Specify: As aspiration precaution.
[ ]	Must be up for meals	Routine, Until discontinued, Starting S Sit upright for 30 minutes after each meal.

[ ]	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	

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	

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:

[ ]	Diet - Specify	Diet effective now, Starting S
		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 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 = Cyclic)
	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: 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 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	

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
		Reason for Therapy:
		if (answer = Viral Infection Suspected)
		Indication:
		if (answer = Viral Infection Documented)
		Indication:
		if (answer = Other)
		Specify:

( )	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)
		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
		Reason for Therapy:
		if (answer = Viral Infection Suspected)
		Indication:
		if (answer = Viral Infection Documented)
		Indication:
		if (answer = Other)
		Specify:

( )	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
		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	

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)
		Specify:

( )	micafungin (MYCAMINE) 100 mg in sodium chloride 0.9 % 100 mL IVPB	100 mg, intravenous, for 1 Hours, every 24 hours
		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:

		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) 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:

( )	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:

( ) voriconazole (VFEND) tablet	200 mg, oral, every 12 hours
	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:

[ ]	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 = 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)
Specify:

( ) metroNIDAZOLE (FLAGYL) IV or Oral (Single Response)

( )	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:

( )	metroNIDAZOLE (FLAGYL) tablet	500 mg, oral, 3 times daily
		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:

( ) 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)
	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:

[ ] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S 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	

GI 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	

Respiratory 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)) Meta-Neb Indications:

[ ]	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:
[ ]	Inhaled 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:

[ ]	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)
		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. (Cirrhosis patients maximum: 2 grams per day from all sources)		
[ ] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. 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) 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 65 years old (Single Response)
(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir		**"Or" Linked Panel**
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)		
[ ] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.	

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

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

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

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

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

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

[ ]	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ]	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**

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

[ ]	HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[ ]	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)
[ ]	Other	

PRN Oral for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

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

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

[ ]	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.

[ ]	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
( )	HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**

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

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

PRN IV for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.
(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	

PRN IV for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.
(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	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
[ ]	Other	

PRN Oral for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( )	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 years old (Single Response)

(adjust dose for renal/liver function and age)

( )	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)

( )	morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
( )	oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
[ ]	Other	

PRN IV for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.
(adjust dose for renal/liver function and age)

( )	fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
( )	morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
( )	HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
[ ]	Other	

PRN IV for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section.
(adjust dose for renal/liver function and age)

( )	fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
( )	morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
( )	HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
[ ]	Other	

Antiemetics

[ ]	ondansetron (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.
[ ]	promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ]	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) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ]	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[ ]	Other	

Antiemetics

[ ]	ondansetron (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.
[ ]	promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ]	promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, 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.
[ ]	Other	

Antiemetics

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

Bowel Care

[ ]	loperamide (IMODIUM) capsule	2 mg, oral, 3 times daily PRN, diarrhea
[ ]	polyethylene glycol (MIRALAX) packet	17 g, oral, daily
[ ]	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
[ ]	Other	

Itching: For Patients GREATER than 77 years old (Single Response)

( )	cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
[ ]	Other	

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
( )	hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching, Post-op
( )	cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
( )	fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching, Post-op
[ ]	Other	

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

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

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

( )	zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
( )	ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
[ ]	Other	

VTE

DVT Risk and Prophylaxis Tool (Single Response)

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

( ) Low Risk of DVT

[ ] Low Risk (Single Response)

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

( ) Moderate Risk of DVT - Surgical

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

[ ] Moderate Risk

[ ] Moderate risk of VTE	Routine, Once

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

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

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)	
( ) 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:

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

DVT Risk and Prophylaxis Tool (Single Response)

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

( ) Low Risk of DVT

[ ] Low Risk (Single Response)

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

( ) Moderate Risk of DVT - Surgical

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

[ ] Moderate Risk

[ ]	Moderate risk of VTE	Routine, Once

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

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

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

( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
	Indication:
	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)	
( ) 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

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

[ ]	Other	

DVT Risk and Prophylaxis Tool (Single Response)

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

( ) Low Risk of DVT

[ ] Low Risk (Single Response)

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

( ) Moderate Risk of DVT - Surgical

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

[ ] Moderate Risk

[ ] Moderate risk of VTE	Routine, Once

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

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

[ ] 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 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 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 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

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

Labs

Labs Today

[ ]	CBC with platelet and differential	Once
[ ]	Prothrombin time with INR	Once
[ ]	Partial thromboplastin time	Once
[ ]	Comprehensive metabolic panel	Once
[ ]	Amylase level	Once
[ ]	Magnesium level	Once
[ ]	Phosphorus level	Once
[ ]	Lipase level	Once
[ ]	Lactic acid level	Once

[ ]	LDH	Once
[ ]	Troponin	Once
[ ]	Nicotine and Cotinine, LC/MS/MS	Once
[ ]	Type and screen	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
[ ]	Peripheral smear	Once
[ ]	Total iron binding capacity and % saturation	Once
[ ]	Vitamin B12	Once
[ ]	Reticulocyte count	Once
[ ]	Other	

Anemia Labs

[ ]	Ferritin	Once
[ ]	Folate	Once
[ ]	Haptoglobin	Once

[ ]	Iron	Once
[ ]	Total iron binding capacity and % saturation	Once
[ ]	Vitamin B12	Once
[ ]	Reticulocyte count	Once
[ ]	Other	

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 Nasal swab
[ ]	Blood culture x 2	**"And" Linked Panel**
[ ]	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 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 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 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 therapy 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))

	Specify O2 %:
	if (answer = Simple Face Mask)
	Rate in liters per minute:
	Rate in tenths of a liter per minute:
	O2 %:
	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 lpm:
	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:
	O2 %:
	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?
		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 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:

[ ]	Consult 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:

[ ]	Consult 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:

[ ]	Other	

Consults

[ ]	Consult to Nutrition Services	Reason For Consult? Other (Specify) if (answer = Other (Specify)) Specify: Specify: Nutritional assessment Registered Dietitian
[ ]	Consult to PT eval and treat	Special Instructions: To evaluate and treat for muscle strengthening Weight Bearing Status:
[ ]	Consult to Transplant Social Work	Reason for Consult? Organ Transplant: Lung Contact Lung Transplant Social Work Consult at 713-441-5451.
[ ]	Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S 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	