## STEMI Admission [1628]

Common Present on Admission Diagnosis	D
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
<ul> <li>Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled</li> </ul>	Details
] Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selection	
( ) Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen 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:

() 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	Diagnosis:
supervision	Admitting Physician:
·	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:
Adminston (Oingle Beenens)	
Admission (Single Response) Patient has active status order on file.	
Patient has active status order on file.	
// Admit to impations	Diamagia
() 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.
	convictor two or more manighte.
Code Status	
[] Full code	Code Status decision reached by:
[] DNR (Selection Required)	
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
[] Modified Code	Does patient have decision-making capacity?  Modified Code restrictions:
[] Treatment Restrictions	Treatment Restriction decision reached by:
[] Healineth Nestrictions	Specify Treatment Restrictions:
	openity meaninent meanining.
Isolation	
7 Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test	Once, Sputum
for rapid diagnostics.	
Contact isolation status	Details
[] Droplet isolation status	Details
Enteric isolation status	Details
	Dotailo
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:

Nursing	
Vital Signs	
[] Vital signs - T/P/R/BP	Routine, Per unit protocol
Activity	
Bed rest with commode	Routine, Until discontinued, Starting S
. J Ded rest with commode	Bathroom Privileges: with bedside commode
[X] Strict bed rest	Routine, Until discontinued, Starting S
Nursing Care	
Telemetry	"And" Linked Panel
Telemetry monitoring	Routine, Continuous
, ,	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box)
	Reason for telemetry:
	Can be off of Telemetry for tests and baths? Yes
[] 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
1. Delle lekte	Low SPO2(%): 94
Daily weights	Routine, Daily
Intake and Output	Routine, Every shift
Neurological assessment	Routine, Once Assessment to Perform:
	Notify physician for any change in neurological status
3 Saline lock IV	Routine, Continuous
Tobacco cessation education	Routine, Once
Diet	
[X] NPO - except meds	Diet effective now, Starting S
A THE O CACOPETHICAS	NPO: Except meds
	Pre-Operative fasting options:
	, , ,
Notify	
Notify Attending absent or diminished pulse of used for access	extremity Routine, Until discontinued, Starting S
Notify Attending for chest pain unrelieved by 3	Sublingual Routine, Until discontinued, Starting S
nitroglycerin tablets	
Notify Attending of patient's location upon arriv	· · · · · · · · · · · · · · · · · · ·
[] Notify Physician (Specify)	Routine, Until discontinued, Starting S
IV Fluids	
Peripheral IV Access	
[] Initiate and maintain IV	
[] Insert peripheral IV	Routine, Once
[] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

## Medications

Aspirin (Single Response)

() aspirin chewable tablet	81 mg, oral, daily Recommended for patients not previously on aspirin.
() aspirin tablet	325 mg, oral, daily Recommended for patients not previously on aspirin.
Beta-Blockers	
[] metoprolol (LOPRESSOR) injection	5 mg, intravenous, every 15 min, For 3 Doses HOLD if systolic blood pressure is LESS THAN *** millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN *** beats per minute. HOLD parameters for this order: Contact Physician if:
[] metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800 HOLD if systolic blood pressure is LESS THAN *** millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN *** beats per minute. HOLD parameters for this order: Contact Physician if:
[] metoprolol succinate XL (TOPROL-XL) 24 hr tablet	oral, daily at 0600 HOLD if systolic blood pressure is LESS THAN *** millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN *** beats per minute. HOLD parameters for this order: Contact Physician if:
[] carvedilol (COREG) tablet	6.25 mg, oral, 2 times daily at 0600, 1800 HOLD if systolic blood pressure is LESS THAN *** millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN *** beats per minute. HOLD parameters for this order: Contact Physician if:
ARB/ACE Inhibitors	
[] captopril (CAPOTEN) tablet	6.25 mg, oral, 3 times daily Hold for systolic blood pressure less than 90 millimeters of mercury HOLD parameters for this order: Contact Physician if:
[] enalapril (VASOTEC) tablet	2.5 mg, oral, 2 times daily Hold for systolic blood pressure less than 90 millimeters of mercury HOLD parameters for this order: Contact Physician if:
[] enalaprilat (VASOTEC) injection	2.5 mg, intravenous HOLD parameters for this order: Contact Physician if:
[] lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily Hold for systolic blood pressure less than 90 millimeters of mercury HOLD parameters for this order: Contact Physician if:
[] valsartan (DIOVAN) tablet	160 mg, oral, 2 times daily HOLD parameters for this order: Contact Physician if:
[] losartan (COZAAR) tablet	25 mg, oral, daily Hold for systolic blood pressure less than 90 millimeters of mercury HOLD parameters for this order: Contact Physician if:
Nitrates	
[] nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses Contact physician if given.

[] isosorbide mononitrate (MONOKET) tablet	oral, 2 times daily at 0900, 1600
	HOLD parameters for this order:
	Contact Physician if:
[] nitroglycerin (NITROSTAT) 2 % ointment	0.5 inch, Topical, every 6 hours scheduled
[] isosorbide mononitrate (IMDUR) 24 hr tablet	60 mg, oral, daily
	HOLD parameters for this order:
	Contact Physician if:
[] isosorbide dinitrate (ISORDIL) tablet	20 mg, oral, 3 times daily at 0900, 1300, 1700
[] nitroglycerin (TRIDIL) 2 mcg/mL in sodium chlorid	ide 0.9 % 5 mcg/min, intravenous, continuous
250 mL infusion	HOLD if systolic blood pressure is LESS THAN *** millimeters
	of mercury OR heart rate is LESS than *** beats per minute.
Loop Diuretics (Single Response)	
( ) furosemide (LASIX) 20 mg injection	20 mg, intravenous, 2 times daily at 0900, 1700
( ) furosemide (LASIX) infusion	5 mg/hr, intravenous, continuous
() burnetanide (BUMEX) 0.5 mg injection	0.5 mg, intravenous, 2 times daily at 0900, 1700
	Max dose 10 mg/day
Non-Loop Diuretics	
[] spironolactone (ALDACTONE) tablet	25 mg, oral, daily
[] eplerenone (INSPRA) tablet	25 mg, oral, daily
[] metolazone (ZAROXOLYN) tablet	5 mg, oral, daily
Antihyperlipidemic Agents (Single Response)	
() Moderate Intensity - atorvastatin (LIPITOR) table	et or
simvastatin (ZOCOR) tablet (Single Response)	
() atorvastatin (LIPITOR) tablet - Moderate	10 mg, oral, nightly
Intensity	
() simvastatin (ZOCOR) tablet - Moderate	20 mg, oral, nightly
Intensity	
( ) High Intensity - atorvastatin (LIPITOR) tablet (Sir	ngle
Response)	
() atorvastatin (LIPITOR) tablet - Moderate	40 mg, oral, nightly
Intensity	
() ezetimibe (ZETIA) tablet	10 mg, oral, nightly
Antiplatelet Agents - Loading (Single Response)	
( ) clopidogrel (PLAVIX) tablet - Loading Dose	300 mg, oral, once, For 1 Doses
( ) prasugrel (EFFIENT) + consult - Loading Dose	"And" Linked Panel
(Selection Required)	
[] prasugrel (EFFIENT) tablet	60 mg, oral, once, For 1 Doses
[] prasugrel (EFFIENT) consult	STAT, Once For 1 Occurrences
	Which drug do you need help dosing? prasugrel (EFFIENT)
Antiplotolet Agente Maintenance (Cingle Decree	naa)
Antiplatelet Agents - Maintenance (Single Respor	·
( ) clopidogrel (PLAVIX) 300 mg Loading Dose follow	
75 mg Maintenance Dose and aspirin EC 81 mg	
[ ] clopidogrel (PLAVIX) Loading and Maintenance	·
[] Loading Dose - clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses, Post-op
	Loading Dose
[] Maintenance Dose - clopidogrel (PLAVIX)	75 mg, oral, daily, Starting S+1, Post-op
tablet	Maintenance Dose
[] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
( ) ticagrelor (BRILINTA) 180 mg Loading Dose follo	
90 mg Maintenance Dose and aspirin EC 81 mg	
[] ticagrelor (BRILANTA) Oral Loading and Main	ntenance "Followed by" Linked Panel
Doses	100 mg aral ango Far 1 Dagga Post an
[] Loading Dose - ticagrelor (BRILINTA) tablet	
	Loading Dose

[] Maintenance Dose - ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op Maintenance Dose
[] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
() prasugrel (EFFIENT) 60 mg Loading Dose followers	
10 mg Maintenance Dose and aspirin EC 81 mg t	ablet
(Selection Required)	
[] prasugrel (EFFIENT) Loading and Maintenance	e Doses "Followed by" Linked Panel
Maintenance Dose Instructions:	
Lower the dose to 5 mg for high risk patients (a	age GREATER than or EQUAL to 75 OR weight LESS than 60 kg)
[] Loading Dose - prasugrel (EFFIENT) tablet	60 mg, oral, once, For 1 Doses, Post-op Loading Dose
[] Maintenance Dose - prasugrel (EFFIENT) tablet	10 mg, oral, daily, Starting H+24 Hours, Post-op Maintenance Dose
[] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
[] ** DO NOT REMOVE ** Pharmacy Consult to	dose
prasugrel (EFFIENT) (Selection Required)	
[] Pharmacy Consult to educate patient on	STAT, Once For 1 Occurrences
prasugrel (EFFIENT)	Which drug do you need help dosing? prasugrel (EFFIENT)
( ) Anti-Platelet Contraindicated	Routine, Until discontinued, Starting S
Miscellaneous Medications	
[] hydralazine (APRESOLINE) IV or Oral Scheduled	
[] hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours scheduled
	Hold if systolic blood pressure is LESS than or EQUAL to 100 mmHg.
	Give if patient cannot swallow or tolerate oral medication.
	HOLD parameters for this order:
	Contact Physician if:
[] hydrALAZINE (APRESOLINE) tablet	25 mg, oral, every 6 hours scheduled
	Hold if systolic blood pressure is LESS than or EQUAL to 100 mmHg.
	HOLD parameters for this order:
[ [ ]   ALAZINE (ADDECOLINE) ; ; ; ;	Contact Physician if:
[] hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours PRN, high blood pressure, SBP GREATER than 180 mmHg
	May be given IN ADDITION TO scheduled doses if needed.
	HOLD parameters for this order:
	Comact Physician II

## VTE

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:

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 less 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

DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

URL: "\appt1.pdf"

()	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
()	LOW Risk of DVT (Selection Required)	, , , , , , , , , , , , , , , , , , ,
	Low Risk Definition Age less than 60 years and NO other VTE risk factor	rs
į	Low Risk (Single Response) (Selection Required)	
		Routine, Once
		Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
( )	MODERATE Risk of DVT - Surgical (Selection Requ	•
( )	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Med contraindicated. One or more of the following medical conditions:	chanical prophylaxis is optional unless pharmacologic is
		eg swelling, ulcers, venous stasis and nephrotic syndrome
i	] Moderate Risk (Selection Required)	
		Routine, Once
	<ul><li>Moderate Risk Pharmacological Prophylaxis - Sur Patient (Single Response) (Selection Required)</li></ul>	
	() Contraindications exist for pharmacologic prophy BUT order Sequential compression device	/laxis "And" Linked Panel
	[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	[] Place/Maintain sequential compression device continuous	Routine, Continuous
	() Contraindications exist for pharmacologic prophy AND mechanical prophylaxis	/laxis "And" Linked Panel
	[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	() enoxaparin (LOVENOX) injection (Single Responsable (Selection Required)	nse)
	( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
	( ) 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
	() 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
	() 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	lection
( ) Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
) MODERATE Risk of DVT - Non-Surgical (Selectio Required)	n
contraindicated.  One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous, leg swelling, ulcers, venous stasis and nephrotic syndrome
Moderate Risk (Selection Required)	De l'es Occ
<ul><li>[] Moderate risk of VTE</li><li>[] Moderate Risk Pharmacological Prophylaxis -</li></ul>	Routine, Once
[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
Contraindications exist for pharmacologic prop Order Sequential compression device	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic prop AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp	ponse)
(Selection Required)	40 mm substitutions and delivery 4700 (TIME OBJETICALLY OF 11 C
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S

() 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
() 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
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
( ) 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 (Selection Required)	
High Dick Definition	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
() 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

() 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Se	lection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	uirod)
High Disk Definition	iii GU)

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Non-S	urgical	
Patient (Single Response) (Selection Required)		
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
( ) enoxaparin (LOVENOX) injection (Single Response)		
(Selection Required)		
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S	
() 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	
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S	
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30	
	mL/min	
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S	
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30	
	mL/min	

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
·· · · · · · · · · · · · · · · · · · ·	If the patient does not have a history of or suspected case of
	Heparin-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	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Sel	ection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	1
Required)	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip o	r Knee
(Arthroplasty) Surgical Patient (Single Respons	se)
(Selection Required)	
( ) Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
	Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Res	ponse)
(Selection Required)	
() 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	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

''	enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30	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	mL/min
() fo	endaparinux (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):
	eparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
fo	eparin (porcine) injection (Recommended or patients with high risk of bleeding, e.g. eight < 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.
() riv	varoxaban (XARELTO) tablet for hip or nee arthroplasty planned during this	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1.
	dmission	Indications:
	arfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
(C	harmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
Re	chanical Prophylaxis (Single Response) (Selequired)	
\ \ /	ontraindications exist for mechanical rophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() P	lace/Maintain sequential compression evice continuous	Routine, Continuous
DVT Risk	and Prophylaxis Tool (Single Response)	(Selection Required) URL: "\appt1.pdf"
	nt currently has an active order for therapeution pagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() LOW	Risk of DVT (Selection Required)	
Low F	Risk Definition ess than 60 years and NO other VTE risk fact	ors
[] Lov	w Risk (Single Response) (Selection Required	4)
	ow risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() MODI	ERATE Risk of DVT - Surgical (Selection Rec	•
Mode Pharn contra	rate Risk Definition nacologic prophylaxis must be addressed. Me aindicated.	echanical prophylaxis is optional unless pharmacologic is
CHF, stroke Age 6		ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Histor Antici	ariffe ry of DVT or family history of VTE pated length of stay GREATER than 48 hours than fully and independently ambulatory	S
Estrog Mode	gen therapy rate or major surgery (not for cancer) surgery within 3 months of admission	
[] Mo	derate Risk (Selection Required)	

[] Madayata vials of VTC	Dautina Once	
[] Moderate risk of VTE	Routine, Once	
[] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required)	ırgıcaı	
<ul> <li>() Contraindications exist for pharmacologic proph BUT order Sequential compression device</li> </ul>	nylaxis "And" Linked Panel	
[ ] Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
[] Place/Maintain sequential compression device continuous	Routine, Continuous	
() Contraindications exist for pharmacologic proph AND mechanical prophylaxis	nylaxis "And" Linked Panel	
[ ] Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
[] Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following	
	contraindication(s):	
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Responsable (Selection Required)</li></ul>	<u> </u>	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1	
() 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	
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),	
CrCl GREATER than 30 mL/min	Starting S+1	
	For Patients weight between 100-139 kg and CrCl GREATER than 30	
	mL/min	
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),	
CrCl GREATER than 30 mL/min	Starting S+1	
	For Patients weight 140 kg or GREATER and CrCl GREATER than 30	
( ) fondanarinus (ADIVTDA) injection	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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM	
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS	
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.	
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1	
	Indication:	
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S	
(COUMADIN)	Indication:	
[] Mechanical Prophylaxis (Single Response) (Sele	CUON	
Required) ( ) Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):	
() Place/Maintain sequential compression	Routine, Continuous	
device continuous	Trouting, Commission	
) MODERATE Risk of DVT - Non-Surgical (Selection		
Required)		
Address pharmacologic prophylaxis by selecting on	e of the following. Mechanical prophylaxis is optional unless	
pharmacologic prophylaxis is contraindicated.		
[] Moderate Risk (Selection Required)		
[] Moderate risk of VTE	Routine, Once	
[] Moderate Risk Pharmacological Prophylaxis -		
Non-Surgical Patient (Single Response) (Selection	on	
Required)		

() Contraindications exist for pharmacologic prop Order Sequential compression device	ohylaxis - "And" Linked Panel	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
[] Place/Maintain sequential compression device continuous	Routine, Continuous	
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):	
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Response)</li><li>(Selection Required)</li></ul>	oonse)	
<ul><li>( ) enoxaparin (LOVENOX) syringe</li><li>( ) patients with CrCL LESS than 30 mL/min</li></ul>	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min	
() 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	
() 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	
<ul> <li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.	
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
HIGH Risk of DVT - Surgical (Selection Required) Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.		
[ ] High Risk (Selection Required)		
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li></ul>	Routine, Once cal Patient	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
() enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)	ponse)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1	
() 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	
() 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	

() patients weight 140 kg or GREATER CrCl GREATER than 30 mL/min	AND 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
<ul><li>( ) heparin (porcine) injection (Recomme for patients with high risk of bleeding, weight &lt; 50kg and age &gt; 75yrs)</li></ul>	e.g. 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:
<ul><li>() Pharmacy consult to manage warfarin (COUMADIN)</li></ul>	Indication:
() HIGH Risk of DVT - Non-Surgical (Selecti	
Address both pharmacologic and mechan	ical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[1] High Diek (Colontion Dequired)	
[ ] High Risk (Selection Required) [ ] High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis	
Patient (Single Response) (Selection R	
() Contraindications exist for pharmacolo prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
() enoxaparin (LOVENOX) injection (Sin (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
() patients with CrCL LESS than 30 mL	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg CrCl GREATER than 30 mL/min	AND 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
() patients weight 140 kg or GREATER CrCl GREATER than 30 mL/min	AND 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
<ul><li>( ) heparin (porcine) injection (Recomme for patients with high risk of bleeding, weight &lt; 50kg and age &gt; 75yrs)</li></ul>	
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	
( ) HIGH Risk of DVT - Surgical (Hip/Knee) ( Required)	Selection
Address both pharmacologic and mechan	ical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once

(Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Respo (Selection Required)	nse)
( ) 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.
<ul><li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li></ul>	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
	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
for patients with high risk of bleeding, e.g.	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	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
	STAT, Until discontinued, Starting S Indication:
T Risk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk facto	irs
Low Risk (Single Response) (Selection Required)	
,,	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgage early ambulation

Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.

One or more of the following medical conditions:

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 Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

( ) patients with CrCL LESS than 30 mL/min ( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min ( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min ( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min ( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min ( ) fondaparinux (ARIXTRA) injection ( ) fondaparinux (ARIXTRA) injection ( ) heparin (porcine) injection ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) ( ) Pharmacy consult to manage warfarin ( ) patients weight between 100-139 kg and CrCl GREATER and CrCl GREATER mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 If the patient weight of 140 kg or GREATER and CrCl GREATER mL/min 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 Contraindicated in patients LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  ( ) heparin (porcine) injection (	Moderate risk of VTE	Routine, Once
BUT order Sequential compression device  [] Contraindications exist for pharmacologic prophylaxis  [] Place/Maintain sequential compression device continuous  () Contraindications exist for pharmacologic prophylaxis  [] Contraindications exist for mechanical prophylaxis due to the following contraindication(s):  [] Contraindications exist for pharmacologic prophylaxis  [] Contraindi	Patient (Single Response) (Selection Requ	ired)
prophylaxis    Place/Maintain sequential compression device continuous   Place/Maintain sequential compression device continuous   Contraindications exist for pharmacologic prophylaxis   "And" Linked Panel		1 1 2
device continuous  () Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis  [] Contraindications exist for pharmacologic prophylaxis  [] Contraindications exist for pharmacologic prophylaxis  [] Contraindications exist for mechanical prophylaxis due to the following contraindication(s):  [] Contraindications exist for pharmacologic prophylaxis  [] Contraindications exist for pharmacologic prophylaxis due to the following contraindication(s):  [] Opatients weight exist of both and a pharmacologic prophylaxis due to the following contraindication(s):  [] Contraindication(s):  [] Contraindication(s):  [] Contraindication(s):  [] Opatients weight exist of both and a pharmacologic prophylaxis due to the following contraindication(s):  [] Contraindication(s):  [] Contraindication(s):  [] Opatients weight exist of both and a pharmacologic prophylaxis due to the following contraindication(s):  [] Contraindication(s):  [] Opatients weight exist of both and a pharmaco		No pharmacologic VTE prophylaxis due to the following
AND mechanical prophylaxis  [] Contraindications exist for pharmacologic prophylaxis  [] Contraindications exist for mechanical prophylaxis due to the following contraindication(s):  [] Contraindications exist for mechanical prophylaxis due to the following contraindication(s):  [] Contraindications exist for mechanical prophylaxis due to the following contraindication(s):  [] Contraindications exist for mechanical prophylaxis due to the following contraindication(s):  [] Contraindications exist for mechanical prophylaxis due to the following contraindication(s):  [] Contraindications exist for mechanical prophylaxis due to the following contraindication(s):  [] Contraindications exist for mechanical prophylaxis due to the following contraindication(s):  [] Contraindications exist for mechanical prophylaxis due to the following contraindication(s):  [] Contraindications exist for mechanical prophylaxis due to the following contraindication(s):  [] Contraindication(s):  [] Contraindication exist for mechanical prophylaxis due to the following contraindication(s):  [] Once No mechanical YTE prophylaxis due to the following contraindication(s):  [] Once No mechanical YTE prophylaxis due to the following contraindication(s):  [] Once No mechanical YTE prophylaxis due to the following contraindication(s):  [] Once No mechanical YTE prophylaxis due to the following contraindication (STATICAL), Starting S+1  [] Once No mechanical YTE prophylaxis due to the following contraindication (STATICAL), Starting S+1  [] Once No mechanical YTE prophylaxis due to the following contraindication (STATICAL), Starting S+1  [] Once No mechanical YTE prophylaxis due to the following contraindication (STATICAL),		Routine, Continuous
prophylaxis    Contraindications exist for mechanical prophylaxis   Contraindications exist for mechanical prophylaxis   Contraindications exist for mechanical prophylaxis   Contraindications exist for mechanical prophylaxis   Contraindications exist for mechanical prophylaxis   Contraindications exist for mechanical prophylaxis   Contraindications exist for mechanical prophylaxis due to the following contraindications		prophylaxis "And" Linked Panel
prophylaxis    No mechanical VTE prophylaxis due to the following contraindication(s):   enoxaparin (LOVENOX) injection (Single Response) (Selection Required)   enoxaparin (LOVENOX) syringe		No pharmacologic VTE prophylaxis due to the following
(Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Pheparin (porcine) injection (Pheparin (porcine) injection (Pheparin (COUMADIN) tablet () Pharmacy consult to manage warfarin () enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATE mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight of 140 kg or GREATER and CrCl GREATE mL/min 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 Contraindicated in patients LESS than 50kg, prior to surgery/procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. we than 50kg and age GREATER than 75yrs.  oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: STAT, Until discontinued, Starting S		No mechanical VTE prophylaxis due to the following
() patients with CrCL LESS than 30 mL/min  () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min  () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min  () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min  () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () Pharmacy consult to manage warfarin  30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Star For Patients with CrCL LESS than 30 mL/min  30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER mL/min  40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight of 140 kg or GREATER and CrCl GREATER mL/min  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 Contraindicated in patients LESS than 30 mL/min  This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. we than 50kg and age GREATER than 75yrs.  oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:  STAT, Until discontinued, Starting S		Response)
For Patients with CrCL LESS than 30 mL/min  () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min  () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min  () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min  () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  () fondaparinux (ARIXTRA) injection  () fondaparinux (Paritime than 30 mL/min  () fondaparinux (ARIXTRA) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection  () heparin (porcine) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  For Patients with CrCL LESS than 30 mL/min.  40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1  For Patients weight of 140 kg or GREATER and CrCl GREATER Labeled to the purple of the purple of the patient weight of 140 kg or GREATER and CrCl GREATER Labeled to the purple of the purple of the patient weight of 140 kg or GREATER and CrCl GREATER Labeled to the purple of the	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min  () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min  () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER mL/min  40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 If the patient weight of 140 kg or GREATER and CrCl GREAT mL/min  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 Contraindicated in patients LESS than 50kg, prior to surgery/procedure, or CrCl LESS than 30 mL/min.  This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. we wight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:  STAT, Until discontinued, Starting S	patients with CrCL LESS than 30 mL/mi	For Patients with CrCL LESS than 30 mL/min
CrCl GREATER than 30 mL/min  Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREAT mL/min  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 Contraindicated in patients LESS than 50kg, prior to surgery/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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin  Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREAT mL/min (140 kg) or GREATER and CrCl GREAT mL/min (140 kg or Greater mL/min (		Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this Contraindicated in patients LESS than 50kg, prior to surgery/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  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  Recommended for patients with high risk of bleeding, e.g. we than 50kg and age GREATER than 75yrs.  oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:  () Pharmacy consult to manage warfarin  STAT, Until discontinued, Starting S		Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than
<ul> <li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>( ) warfarin (COUMADIN) tablet</li> <li>( ) Pharmacy consult to manage warfarin</li> <li>5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. we than 50kg and age GREATER than 75yrs.</li> <li>oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:</li> <li>STAT, Until discontinued, Starting S</li> </ul>	fondaparinux (ARIXTRA) injection	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):
for patients with high risk of bleeding, e.g. we weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin  Recommended for patients with high risk of bleeding, e.g. we than 50kg and age GREATER than 75yrs.  oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:  STAT, Until discontinued, Starting S	heparin (porcine) injection	
( ) warfarin (COUMADIN) tablet oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication: ( ) Pharmacy consult to manage warfarin STAT, Until discontinued, Starting S	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	warfarin (COUMADIN) tablet	Indication:
(COUMADIN) Indication:	Pharmacy consult to manage warfarin (COUMADIN)	
ted on 3/5/2020 at 3:07 PM from SUP Page	on 3/5/2020 at 3:07 PM from SUP	Page 17 of

[] Mechanical Prophylaxis (Single Response) (Selection		
	Required)	
	() 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 (Selection Required)	
	Moderate Risk Definition	

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.

One or more of the following medical conditions:

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 Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
<ul> <li>Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)</li> </ul>	
( ) Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() 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
() 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
() 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	5,000 Units, subcutaneous, every 12 hours
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
		Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
[]	Mechanical Prophylaxis (Single Response) (Sele	ection
	Required)	
()	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression	Routine, Continuous
. ,	device continuous	
) HI	GH Risk of DVT - Surgical (Selection Required)	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)</li></ul>	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
( ) 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
() 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
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:

() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S	
(COUMADIN)	Indication:	
[] Mechanical Prophylaxis (Single Response) (Selection Required)		
() Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):	
() Place/Maintain sequential compression	Routine, Continuous	
device continuous		
( ) HIGH Risk of DVT - Non-Surgical (Selection Required)		
() HIGH Risk of DVT - Non-Surgical (Selection Red	uired)	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
<ul><li>() enoxaparin (LOVENOX) injection (Single Response)</li><li>(Selection Required)</li></ul>	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() 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
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 3 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 medicatio
	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
// I / / / / / / / / / / / / / / / / /	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
<ul><li>[] Mechanical Prophylaxis (Single Response) (Se Required)</li></ul>	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	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) (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons	
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	ponse)
() 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	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
<ul><li>( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or</li></ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
GREATER and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
knee arthroplasty planned during this	To be Given on Post Op Day 1.
admission	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election

Required)

( ) Contraindications exist for mechanical prophylaxis ( ) Place/Maintain sequential compression device continuous    Contraindications sequential compression device continuous		
Cardiology Imaging   Cardiol	() Contraindications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Labs Tomorrow  [] CBC hemogram [] Basic metabolic panel [] Basic metabolic panel [] Troponin I  Basic metabolic panel [] AM draw For 1 Occurrences [] Lipid panel [] Troponin I  Basic metabolic panel [] CBC hemogram [] Troponin [] Troponin [] Now then every 4 hours For 2 Occurrences [] Troponin [] Troponin [] ECG 12 lead on arrival [] ECG 12 lead on arrival [] ECG 12 lead on arrival [] ECG 12 lead daily [] ECG 12 lead daily [] ECG 12 lead daily [] ECG 12 lead on arrival [] ECG 12 lead [] Foutine, Daily For 3 Days Clinical Indications: Myocardial Infarction Interpreting Physician: [] ECG 12 lead [] Foutine, Daily For 3 Days Clinical Indications: Myocardial Infarction Interpreting Physician: [] ECG 12 lead [] Echocardiogram complete w contrast and 3D if needed [] Echocardiogram complete w contrast and 3D if needed [] Foutine, 1 time imaging, Starting S+1 at 6:00 AM For 1 At 6 AM [] Echocardiogram complete w contrast and 5D if needed [] Foutine, 1 time imaging, Starting S+1 at 6:00 AM For 1 At 6 AM [] Foutine, 1 time imaging, Starting S+1 at 6:00 AM For 1 At 6 AM [] Foutine, 1 time imaging, Starting S+1 at 6:00 AM For 1 At 6 AM [] Echocardiogram complete w Contrast and 5D if needed [] CPAP [] Foutine, 1 time imaging, Starting S+1 at 6:00 AM For 1 At 6 AM [] Echocardiogram complete w Contrast and Starting S-1 At 6 AM [] Echocardiogram complete w Contrast and Starting S-1 At 6 AM [] Echocardiogram complete w Contrast and Starting S-1 At 6 AM [] Foutine, 1 time imaging, Starting S-1 At 6 Echocardiogram Contrast and Starting S-1 At 6 Echocardiogram Contrast S-1 At 6 Echocardiogram Contrast S-1 At 6 Echocardiogram Contrast	() Place/Maintain sequential compression	
GBC hemogram	Labs	
Basic metabolic panel	Labs Tomorrow	
Lipid panel	[] CBC hemogram	AM draw For 1 Occurrences
Repeating Labs  [] Basic metabolic panel   AM draw repeats, Starting S+1 For 3 Occurrences   [] CBC hemogram   AM draw repeats, Starting S+1 For 3 Occurrences   [] Troponin   Now then every 4 hours For 2 Occurrences   [] Troponin   Every 8 hours, Starting S For 3 Occurrences   [] Troponin   Every 8 hours, Starting S For 3 Occurrences   [] Troponin   Every 8 hours, Starting S For 3 Occurrences   [] Troponin   Every 8 hours, Starting S For 3 Occurrences   [] ECG 12 lead on arrival   Routine, Once   Clinical Indications: Myocardial Infarction Interpreting Physician: On Arrival   [] ECG 12 lead daily   Routine, Daily For 3 Days   Clinical Indications: Myocardial Infarction Interpreting Physician: On Arrival   [X] ECG 12 lead   Routine, Conditional Frequency, Starting S For 3 Occurrences   [X] ECG 12 lead   Routine, Conditional Frequency, Starting S For 3 Occurrences   [X] Echocardiogram complete w contrast and 3D if needed   Routine, 1 time imaging   [X-Ray   [] Chest 1 Vw Portable   Routine, 1 time imaging, Starting S+1 at 6:00 AM For 1 At 6 AM    Respiratory   [X] Oxygen therapy   Routine, Continuous   Device 1: Nasal Cannula   Rate in Iters per minute: Rate in tenths of a liter per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep Q2 Sat Above: 92%   Indications for Q2 therapy. Acute MI   Routine, RT - At bedrime   Instructions for As Directed: Bubble OPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed in (L/min):		
Repeating Labs    Basic metabolic panel		
Basic metabolic panel		AW draw For Foccurrences
AM draw repeats, Starting S+1 For 3 Occurrences [] Troponin   Now then every 4 hours For 2 Occurrences [] Troponin   Every 8 hours, Starting S For 3 Occurrences    Troponin   Every 8 hours, Starting S For 3 Occurrences   Every 8 hours, Starting S For 3 Occurrences   Starting S For 3 Occurrences		
Troponin   Now then every 4 hours For 2 Occurrences     Troponin   Every 8 hours, Starting S For 3 Occurrences     Troponin   Every 8 hours, Starting S For 3 Occurrences     Clinical Indications: Myocardial Infarction     Interpreting Physician: On Arrival     Routine, Daily For 3 Days     Clinical Indications: Myocardial Infarction     Interpreting Physician: Ocnditional Frequency, Starting S For 3 Occurrences     Clinical Indications: Myocardial Infarction     Interpreting Physician: Ocnditional Order: Release as needed if Chest Pain. Notify     Attending.     Echocardiogram complete w contrast and 3D if needed     Routine, 1 time imaging     Routine, 1 time imaging     Routine, 1 time imaging     Starting S+1 at 6:00 AM For 1     At 6 AM     Respiratory     Routine, Continuous     Device 1: Nasal Cannula     Rate in iters per minute:     Rate in iters per min		
Cardiology Imaging Cardiology Imaging  [] ECG 12 lead on arrival  [] ECG 12 lead on arrival  [] ECG 12 lead daily  [] ECG 12 lead  [] Routine, Daily For 3 Days Clinical Indications: Myocardial Infarction Interpreting Physician:  [] Conditional Frequency, Starting S For 3 Occurrences Clinical Indications: Myocardial Infarction Interpreting Physician:  Conditional Order: Release as needed if Chest Pain. Notify Attending.  [] Echocardiogram complete w contrast and 3D if needed  X-Ray  [] Chest 1 Vw Portable  Routine, 1 time imaging, Starting S+1 at 6:00 AM For 1 At 6 AM  Respiratory  Respiratory  [X] Oxygen therapy  Routine, Continuous  Device 1: Nasal Cannula  Rate in liters per minute:  Rate in tenths of a liter per minute:  O2 %:  Titrate to keep O2 Sat Above: 92%  Indications for O2 therapy: Acute MI  Routine, RT - At bedtime  Instructions for As Directed:  Bubble CPAP:  Mode:  Resp Rate (breaths/min):  CPAP (Em H2O):  O2 Bleed In (Umin):		
Cardiology Imaging  [] ECG 12 lead on arrival    Routine, Once   Clinical Indications: Myocardial Infarction Interpreting Physician: On Arrival   Routine, Daily For 3 Days   Clinical Indications: Myocardial Infarction Interpreting Physician:   [] ECG 12 lead daily   Routine, Daily For 3 Days   Clinical Indications: Myocardial Infarction Interpreting Physician: Conditional Frequency, Starting S For 3 Occurrences   Conditional Frequency, Starting S For 3 Occurrences   Conditional Prequency, Starting S For 3 Occurrences   Conditional Order: Release as needed if Chest Pain. Notify   Attending.   [] Echocardiogram complete w contrast and 3D if needed   Routine, 1 time imaging     X-Ray   Routine, 1 time imaging   Starting S+1 at 6:00 AM For 1   At 6 AM     Respiratory   Routine, Continuous   Device 1: Nasal Cannula   Rate in liters per minute: Rate in letrihs of a liter per minute:   Rate in letrihs of a liter per minute:   C2 %:   Titrate to keep O2 Sat Above: 92%   Indications for O2 therapy: Acute MI       CPAP   Routine, RT - At bedtime   Instructions for As Directed:   Bubble CPAP:   Mode:   Resp Rate (breaths/min):   CPAP (cm HZO):   O2 Bleed In (L/min):   CPAP (cm HZO):   CPAP (cm HZO):   O2 Bleed In (L/min):   CPAP (cm HZO):   CPAP		·
Cardiology Imaging  [] ECG 12 lead on arrival    Routine, Once   Clinical Indications: Myocardial Infarction Interpreting Physician: On Arrival   Routine, Daily For 3 Days   Clinical Indications: Myocardial Infarction Interpreting Physician:   [] ECG 12 lead daily   Routine, Daily For 3 Days   Clinical Indications: Myocardial Infarction Interpreting Physician: Conditional Frequency, Starting S For 3 Occurrences   Conditional Frequency, Starting S For 3 Occurrences   Conditional Prequency, Starting S For 3 Occurrences   Conditional Order: Release as needed if Chest Pain. Notify   Attending.   [] Echocardiogram complete w contrast and 3D if needed   Routine, 1 time imaging     X-Ray   Routine, 1 time imaging   Starting S+1 at 6:00 AM For 1   At 6 AM     Respiratory   Routine, Continuous   Device 1: Nasal Cannula   Rate in liters per minute: Rate in letrihs of a liter per minute:   Rate in letrihs of a liter per minute:   C2 %:   Titrate to keep O2 Sat Above: 92%   Indications for O2 therapy: Acute MI       CPAP   Routine, RT - At bedtime   Instructions for As Directed:   Bubble CPAP:   Mode:   Resp Rate (breaths/min):   CPAP (cm HZO):   O2 Bleed In (L/min):   CPAP (cm HZO):   CPAP (cm HZO):   O2 Bleed In (L/min):   CPAP (cm HZO):   CPAP	Cardiology Imaging	
Clinical Indications: Myocardial Infarction Interpreting Physician: On Arrival  Routine, Daily For 3 Days Clinical Indications: Myocardial Infarction Interpreting Physician: Clinical Indications: Myocardial Infarction Interpreting Physician: Routine, Conditional Frequency, Starting S For 3 Occurrences Clinical Indications: Myocardial Infarction Interpreting Physician: Conditional Order: Release as needed if Chest Pain. Notify Attending.  Techocardiogram complete w contrast and 3D if needed Routine, 1 time imaging  X-Ray  Respiratory  Respiratory  Respiratory  Routine, Continuous Device 1: Nasal Cannula Rate in Iters per minute: Rate in tenths of a liter per minute: Rate in tenths of a liter per minute: O2 %: Intrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  Routine, RT - At bedfine Instructions for As Directed: Bubble CPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min):		
Interpreting Physician: On Arrival	[] ECG 12 lead on arrival	
On Arrival    Continue   Daily For 3 Days		
Routine, Daily For 3 Days Clinical Indications: Myocardial Infarction Interpreting Physician:     X  ECG 12 lead   Routine, Conditional Frequency, Starting S For 3 Occurrences Clinical Indications: Myocardial Infarction Interpreting Physician: Conditional Order: Release as needed if Chest Pain. Notify Attending.     Chest 1 Vw Portable   Routine, 1 time imaging   Routine, 1 time imaging		
Interpreting Physician:  Routine, Conditional Frequency, Starting S For 3 Occurrences Clinical Indications: Myocardial Infarction Interpreting Physician: Conditional Order: Release as needed if Chest Pain. Notify Attending.  Electrocardiogram complete w contrast and 3D if needed Routine, 1 time imaging  X-Ray  Routine, 1 time imaging, Starting S+1 at 6:00 AM For 1 At 6 AM  Respiratory  Respiratory  Respiratory  Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: Pate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  CPAP  Routine, RT - At bedtime Instructions for As Directed: Bubble CPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min):	[] ECG 12 lead daily	
Routine, Conditional Frequency, Starting S For 3 Occurrences Clinical Indications: Myocardial Infarction Interpreting Physician: Conditional Order: Release as needed if Chest Pain. Notify Attending.    Echocardiogram complete w contrast and 3D if needed   Routine, 1 time imaging		
Clinical Indications: Myocardial Infarction Interpreting Physician: Conditional Order: Release as needed if Chest Pain. Notify Attending.  Routine, 1 time imaging  X-Ray  [] Chest 1 Vw Portable  Routine, 1 time imaging, Starting S+1 at 6:00 AM For 1 At 6 AM  Respiratory  Respiratory  [X] Oxygen therapy  Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  [] CPAP  Routine, RT - At bedtime Instructions for As Directed: Bubble CPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min):	[X] ECG 12 lead	
Conditional Order: Release as needed if Chest Pain. Notify Attending.  [] Echocardiogram complete w contrast and 3D if needed Routine, 1 time imaging  X-Ray  [] Chest 1 Vw Portable Routine, 1 time imaging, Starting S+1 at 6:00 AM For 1 At 6 AM  Respiratory  Respiratory  [X] Oxygen therapy Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: Rate in letths of a liter per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  [] CPAP Routine, RT - At bedtime Instructions for As Directed: Bubble CPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min):		Clinical Indications: Myocardial Infarction
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X-Ray  [] Chest 1 Vw Portable  Routine, 1 time imaging, Starting S+1 at 6:00 AM For 1 At 6 AM  Respiratory  Respiratory  [X] Oxygen therapy  Routine, Continuous Device 1: Nasal Cannula Rate in iters per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  [] CPAP  Routine, Continuous Device 1: Nasal Cannula Rate in inters per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  [] CPAP  Routine, Continuous Device 1: Nasal Cannula Rate in inters per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  [] CPAP  Routine, Continuous Device 1: Nasal Cannula Rate in items per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  [] CPAP  Routine, Continuous Device 1: Nasal Cannula Rate in items per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  [] CPAP  Routine, Continuous Device 1: Nasal Cannula Rate in items per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  [] CPAP  Routine, Continuous Device 1: Nasal Cannula Rate in items per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  [] CPAP  Routine, Continuous Device 1: Nasal Cannula Rate in items per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI		•
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Respiratory    Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute:   Rate in tenths of a liter per minute:   O2 %:   Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI    CPAP   Routine, RT - At bedtime Instructions for As Directed:   Bubble CPAP: Mode:   Resp Rate (breaths/min):   CPAP (cm H2O):   O2 Bleed In (L/min):		AL O AIVI
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Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  Routine, RT - At bedtime Instructions for As Directed: Bubble CPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min):		
O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Acute MI  Routine, RT - At bedtime Instructions for As Directed: Bubble CPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min):		
Indications for O2 therapy: Acute MI  Routine, RT - At bedtime Instructions for As Directed: Bubble CPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min):		O2 %:
Routine, RT - At bedtime Instructions for As Directed: Bubble CPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min):		
Instructions for As Directed: Bubble CPAP: Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min):	1 CPAP	• •
Mode: Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min):	[] 0170	
Resp Rate (breaths/min): CPAP (cm H2O): O2 Bleed In (L/min):		
CPAP (cm H2O): O2 Bleed In (L/min):		
O2 Bleed In (L/min):		
		FiO2:

[] BIPAP Routine, Once Instructions for As Directed: Mode: Resp Rate (breaths/min): IPAP (cm H2O): EPAP (cm H2O): O2 Bleed In (L/min): FiO2: Consults Cardiac Rehabilitation Phase I HMH HMWB Please unselect if patient does not meet requirements for Cardiac Rehab Phase I [X] Consult to Cardiac Rehab Phase 1 Routine. Once Clinical Indications: PCI Post-op Referral to Cardiac Rehabilitation Phase II (Single Response) (Selection Required) Please unselect if patient does not meet requirements for Referral to Cardiac Rehab Phase II and select the order: "The patient will not be referred to cardiac rehab due to:" (a reason is required on this order). (X) Referral to Cardiac Rehab Phase 2 Internal Referral I am referring my patient to outpatient Cardiac Rehabilitation for: Initial, Phase II (36 Sessions) prescription for Cardiac Rehabilitation. Medical justification required: s/p MI (last 12 months) s/p MI (last 12 mos) Date: The patient will not be referred to cardiac rehab due to: () The patient will not be referred to cardiac rehab due to: Consults

Routine, Once

Reason For Consult? Purpose/Topic:

## Additional Orders

[] CV pacemaker or icd interrogation

[] Consult to Nutrition Services