## General

# Admission Orders (Single Response) (Selection Required) Do not use Outpatient Observation Services Under General Supervision order for patients who are receiving Outpatient

TRIAGE services.

(X) Admit to L&D	Admitting Physician:
	Diagnosis: Pregnancy
	Bed request comments:
	L&D Pre-Delivery
) Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
	Patient Condition:
	Bed request comments:
	L&D Pre-Delivery
Code Status	
X] Full code	Code Status decision reached by: Patient by means of Oral
-	Directive
] DNR (Do Not Resuscitate) (Selection Required)	
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
	L&D Pre-Delivery
[] 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:
	L&D Pre-Delivery
] Modified Code	Does patient have decision-making capacity?
	Modified Code restrictions:
	L&D Pre-Delivery
] Treatment Restrictions	Treatment Restriction decision reached by:
	Specify Treatment Restrictions: L&D Pre-Delivery
solation	
] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you	Once, Sputum, L&D Pre-Delivery
suspect Tuberculosis, please order this test	
for rapid diagnostics.	
Contact isolation status	Details
Droplet isolation status	Details
] Enteric isolation status	Details
Precautions	
] Aspiration precautions	L&D Pre-Delivery
] Fall precautions	Increased observation level needed:
	On Admission and every 8 hours, L&D Pre-Delivery
] Latex precautions	L&D Pre-Delivery
Seizure precautions	Increased observation level needed:
	L&D Pre-Delivery
Common Present on Admission Diagnosis	
1 Acidosis	L&D Pre-Delivery
Acute Post-Hemorrhagic Anemia	L&D Pre-Delivery
Acute Renal Failure	L&D Pre-Delivery
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] Acute Respiratory Failure	L&D Pre-Delivery
] Acute Thromboembolism of Deep Veins of Lower Extremities	L&D Pre-Delivery
] Anemia	L&D Pre-Delivery
] Bacteremia	L&D Pre-Delivery
] Bipolar disorder, unspecified	L&D Pre-Delivery
] Cardiac Arrest	L&D Pre-Delivery
] Cardiac Dysrhythmia	L&D Pre-Delivery
] Cardiogenic Shock	L&D Pre-Delivery
] Decubitus Ulcer	L&D Pre-Delivery
] Dementia in Conditions Classified Elsewhere	L&D Pre-Delivery
] Disorder of Liver	L&D Pre-Delivery
] Electrolyte and Fluid Disorder	L&D Pre-Delivery
] Intestinal Infection due to Clostridium Difficile	L&D Pre-Delivery
] Methicillin Resistant Staphylococcus Aureus Infection	L&D Pre-Delivery
] Obstructive Chronic Bronchitis with Exacerbation	L&D Pre-Delivery
] Other Alteration of Consciousness	L&D Pre-Delivery
] Other and Unspecified Coagulation Defects	L&D Pre-Delivery
] Other Pulmonary Embolism and Infarction	L&D Pre-Delivery
] Phlebitis and Thrombophlebitis	L&D Pre-Delivery
Protein-calorie Malnutrition	L&D Pre-Delivery
Psychosis, unspecified psychosis type	L&D Pre-Delivery
] Schizophrenia Disorder	L&D Pre-Delivery
] Sepsis	L&D Pre-Delivery
] Septic Shock	L&D Pre-Delivery
] Septicemia	L&D Pre-Delivery
] Type II or Unspecified Type Diabetes Mellitus with	L&D Pre-Delivery
Mention of Complication, Not Stated as Uncontrolled	
Urinary Tract Infection, Site Not Specified	L&D Pre-Delivery
] Present on Admission-History of preterm premature rupture of membranes	L&D Pre-Delivery

# Nursing

### Vital Signs

[] Vital signs - T/P/R/BP	Routine, Per unit protocol, L&D Pre-Delivery
[] Vital signs - T/P/R/BP	Routine, Every 2 hours, L&D Pre-Delivery
[] Check temperature	Routine, Every 2 hours, L&D Pre-Delivery

#### Activity

[] Strict bed rest	Routine, Until discontinued, Starting S, L&D Pre-Delivery
[] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bathroom privileges
	Patient to use bedside commode, L&D Pre-Delivery
[] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bathroom privileges
	L&D Pre-Delivery
[] Ambulate with assistance	Routine, 3 times daily
	Specify: with assistance
	L&D Pre-Delivery
[] Activity as tolarated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
	L&D Pre-Delivery
Nursing Care	
[X] Monitor fetal heart tones	Routine, Once
	Type: Continuous
	L&D Pre-Delivery
[X] Fetal nonstress test	Routine, Every shift, L&D Pre-Delivery

K] Tocometry	Routine, Until discontinued, Starting S Type: Continuous L&D Pre-Delivery
] Tocometry	Routine, Every shift
	Туре:
1 Insert and maintain Falsy	L&D Pre-Delivery
Insert and maintain Foley         [] Insert Foley catheter	Routine, Once
	Туре:
	Size:
	Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
iet	
] NPO	Diet effective now, Starting S
	NPO: Dra Operative feating entione:
	Pre-Operative fasting options: L&D Pre-Delivery
X] NPO with ice chips	Diet effective now, Starting S
- •	NPO: Except Ice chips
	Pre-Operative fasting options:
	1/2 cup per hour, L&D Pre-Delivery
Diet - Clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	L&D Pre-Delivery
V Fluids	
laintenance IV Fluids	
] lactated ringer's infusion	125 mL/hr, intravenous, continuous, L&D Pre-Delivery
dextrose 5 % and lactated ringers infusion	125 mL/hr, intravenous, continuous, L&D Pre-Delivery
sodium chloride 0.45 % infusion	intravenous, continuous, L&D Pre-Delivery
Veripheral IV Access () Initiate and maintain IV	
[X] Insert peripheral IV	Routine, Once, L&D Pre-Delivery
[X] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled, L&D Pre-Delivery
	if IV is saline locked
[X] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care, L&D Pre-Delivery
ledications	
PROM Antibiotics (Single Response) (Selectio Does your patient have a penicillin allergy?	n Required)
) No (Single Response)	
() Regimen 1	
You MUST check BOTH selections below for	r Regimen 1
[] azithromycin (ZITHROMAX) tablet	1,000 mg, oral, once, For 1 Doses, L&D Pre-Delivery Administer upon admission. Reason for Therapy: Medical Prophylaxis
[] ampicillin IV Doses Followed by amoxicillin Doses for 5 days	
[] ampicillin IV	2 g, intravenous, for 30 Minutes, every 6 hours, L&D Pre-Delivery

[] amoxicillin (AMOXIL) capsule	500 mg, oral, 3 times daily, L&D Pre-Delivery
() Regimen 2	Reason for Therapy: Medical Prophylaxis
You MUST check BOTH selections below f	for Regimen 2
[] azithromycin (ZITHROMAX) tablet	1,000 mg, oral, once, For 1 Doses, L&D Pre-Delivery
	Administer upon admission.
[] empiritien IV (Decce Fellowed by empiritie	Reason for Therapy: Medical Prophylaxis
[] ampicillin IV Doses Followed by amoxicilli Doses for 5 days	
[] ampicillin IV	2 g, intravenous, for 30 Minutes, every 6 hours, L&D Pre-Delivery Reason for Therapy: Medical Prophylaxis
[] amoxicillin (AMOXIL) tablet	875 mg, oral, 2 times daily, L&D Pre-Delivery Reason for Therapy: Medical Prophylaxis
Yes (Single Response)	
Is your patient LOW Risk or HIGH Risk?	
() LOW Risk Patients	
You MUST check BOTH selections below f	for LOW Risk Regimen
	5
[] azithromycin (ZITHROMAX) tablet	1,000 mg, oral, once, For 1 Doses, L&D Pre-Delivery
	Administer upon admission.
	Reason for Therapy: Medical Prophylaxis
[] ceFAZolin (ANCEF) IV Doses Followed b (KEFLEX) 500 mg Oral Doses for 5 days	y cephalexin "Followed by" Linked Panel
[] cefazolin (ANCEF) IV	1 g, intravenous, every 8 hours, L&D Pre-Delivery
	Reason for Therapy: Medical Prophylaxis
[] cephalexin (KEFLEX) capsule	500 mg, oral, every 6 hours, L&D Pre-Delivery
	Reason for Therapy: Medical Prophylaxis
() HIGH Risk Patients	
() HIGH Risk Patients You MUST check BOTH selections below 1	
You MUST check BOTH selections below f	for the HIGH Risk Regimen. Followed By "Followed by" Linked Panel
You MUST check BOTH selections below f [] clindamycin (CLEOCIN) IV Initial Doses F clindamycin (CLEOCIN) Oral Maintenance	for the HIGH Risk Regimen. Followed By <b>"Followed by" Linked Panel</b> e Doses
You MUST check BOTH selections below f	for the HIGH Risk Regimen. Followed By <b>"Followed by" Linked Panel</b> e Doses 900 mg, intravenous, for 30 Minutes, every 8 hours, L&D Pre-Delivery
You MUST check BOTH selections below f [] clindamycin (CLEOCIN) IV Initial Doses F clindamycin (CLEOCIN) Oral Maintenance	for the HIGH Risk Regimen. Followed By <b>"Followed by" Linked Panel</b> e Doses 900 mg, intravenous, for 30 Minutes, every 8 hours, L&D Pre-Delivery Administer upon admission.
You MUST check BOTH selections below f [] clindamycin (CLEOCIN) IV Initial Doses F clindamycin (CLEOCIN) Oral Maintenance	for the HIGH Risk Regimen. Followed By <b>"Followed by" Linked Panel</b> e Doses 900 mg, intravenous, for 30 Minutes, every 8 hours, L&D Pre-Delivery
You MUST check BOTH selections below f [] clindamycin (CLEOCIN) IV Initial Doses F clindamycin (CLEOCIN) Oral Maintenance [] clindamycin (CLEOCIN) IV	for the HIGH Risk Regimen. Followed By <b>"Followed by" Linked Panel</b> e Doses 900 mg, intravenous, for 30 Minutes, every 8 hours, L&D Pre-Delivery Administer upon admission. Reason for Therapy: Medical Prophylaxis
You MUST check BOTH selections below f [] clindamycin (CLEOCIN) IV Initial Doses F clindamycin (CLEOCIN) Oral Maintenance [] clindamycin (CLEOCIN) IV [] clindamycin (CLEOCIN) capsule [] gentamicin (GARAMYCIN) IV Doses AND	for the HIGH Risk Regimen. Followed By <b>"Followed by" Linked Panel</b> e Doses 900 mg, intravenous, for 30 Minutes, every 8 hours, L&D Pre-Delivery Administer upon admission. Reason for Therapy: Medical Prophylaxis 300 mg, oral, every 8 hours, L&D Pre-Delivery Reason for Therapy: Medical Prophylaxis 0 azithromycin
You MUST check BOTH selections below f [] clindamycin (CLEOCIN) IV Initial Doses F clindamycin (CLEOCIN) Oral Maintenance [] clindamycin (CLEOCIN) IV [] clindamycin (CLEOCIN) capsule [] gentamicin (GARAMYCIN) IV Doses AND (ZITHROMAX) Oral Doses (on admission	for the HIGH Risk Regimen. Followed By <b>"Followed by" Linked Panel</b> e Doses 900 mg, intravenous, for 30 Minutes, every 8 hours, L&D Pre-Delivery Administer upon admission. Reason for Therapy: Medical Prophylaxis 300 mg, oral, every 8 hours, L&D Pre-Delivery Reason for Therapy: Medical Prophylaxis 0 azithromycin
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<ul> <li>You MUST check BOTH selections below f</li> <li>[] clindamycin (CLEOCIN) IV Initial Doses F</li> <li>clindamycin (CLEOCIN) Oral Maintenance</li> <li>[] clindamycin (CLEOCIN) IV</li> <li>[] clindamycin (CLEOCIN) capsule</li> <li>[] gentamicin (GARAMYCIN) IV Doses AND</li> <li>(ZITHROMAX) Oral Doses (on admission</li> <li>[] gentamcin (GARAMYCIN) IVPB 5 mg/kg</li> <li>Consult</li> </ul>	for the HIGH Risk Regimen. Followed By <b>"Followed by" Linked Panel</b> e Doses 900 mg, intravenous, for 30 Minutes, every 8 hours, L&D Pre-Delivery Administer upon admission. Reason for Therapy: Medical Prophylaxis 300 mg, oral, every 8 hours, L&D Pre-Delivery Reason for Therapy: Medical Prophylaxis 0 azithromycin ) g + Pharmacy <b>"And" Linked Panel</b> 5 mg/kg, intravenous, for 30 Minutes, every 24 hours, For 2 Doses, L&D Pre-Delivery
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) betamethasone (CELESTONE) injection 12 mg	Once	12 mg, intramuscular, once, For 1 Doses, L&D Pre-Delivery
) betamethasone (CELESTONE) injection 12 mg hours x 2 doses	every 12	12 mg, intramuscular, every 12 hours, For 2 Doses, L&D Pre-Delivery
) betamethasone (CELESTONE) injection 12 mg hours x 2 doses	every 24	12 mg, intramuscular, every 24 hours, For 2 Doses, L&D Pre-Delivery
RN Medications		
K] PRN Antipyretics		
[] acetaminophen (TYLENOL) tablet		ery 6 hours PRN, fever, for temperature GREATER than 100.4, e-Delivery
K] PRN Gastrointestinal Care		
[] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet		oral, nightly PRN, constipation, L&D Pre-Delivery
[] docusate sodium (COLACE) capsule		oral, 2 times daily PRN, constipation, L&D Pre-Delivery
[] alum-mag hydroxide-simeth (MAALOX MAX) 400-400-40 mg/5 mL suspension	30 mL, o	oral, every 3 hours PRN, indigestion, L&D Pre-Delivery
K] Antiemetics		
[X] ondansetron (ZOFRAN) IV or Oral (Selection		"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	Give if	pral, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	Pre-De	
		patient is UNable to tolerate oral medication OR if a faster onset
[] promethazine (PHENERGAN) IV or Oral or R		on is required. "Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg IV		g, intravenous, every 6 hours PRN, nausea, vomiting, L&D
	Pre-De	
		e oral or rectal medication OR if a faster onset of action is
[] promethazine (PHENERGAN) tablet	12.5 m Give if	g, oral, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery ondansetron (ZOFRAN) is ineffective and patient is able to e oral medication.
[] promethazine (PHENERGAN) suppository	Give if	g, rectal, every 6 hours PRN, nausea, vomiting, L&D Pre-Deliver ondansetron (ZOFRAN) is ineffective and patient is UNable to e oral medication.
K] Insomnia		
[X] zolpidem (AMBIEN) tablet	5 mg, or	al, nightly PRN, sleep, L&D Pre-Delivery
/TE		
VT Risk and Prophylaxis Tool (Single Response)	e) (Selectio	on 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 fa	actors	
[] Low Risk (Single Response) (Selection Requi	red)	
() Low risk of VTE	Routine Low ris	e, Once sk: Due to low risk, no VTE prophylaxis is needed. Will encourgae mbulation
	eany a	

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 (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require	
() Contraindications exist for pharmacologic pro BUT order Sequential compression device	ophylaxis "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
<ul> <li>Contraindications exist for pharmacologic pro</li> <li>AND mechanical prophylaxis</li> </ul>	ophylaxis "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 Re (Selection Required)</li> </ul>	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCI GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history of or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> <li>Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<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, 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, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

Required)	
<ul> <li>Contraindications exist for mechanical prophylaxis</li> </ul>	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 (Selectio Required)	n
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. M contraindicated.	lechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy	rs
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>	tion
() Contraindications exist for pharmacologic prop Order Sequential compression device	-
[] 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	
[] 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 Res (Selection Required)</li> </ul>	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, 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, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 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 medication. Contraindicated in patients LESS than 50kg, prior to

() 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 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
HIGH Risk of DVT - Surgical (Selection Required	
Address both pharmacologic and mechanical pro	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgi	cal 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 Res (Selection Required)</li> </ul>	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, 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, Starting S+1
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 at 0600, 1800, Starting S+1
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.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
() Dearmony appault to manage worfarin	Indication:
<ul> <li>Pharmacy consult to manage warfarin</li> <li>(COUMADIN)</li> </ul>	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Non-Surgical (Selection Requ	
	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
1 High Dick (Scleption Dogwingd)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-	
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 Res (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1
	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
nted on 9/17/2020 at 8:36 AM from SUP	Page 8 of 2

() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCl LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> <li>Thrombocytopenia (HIT):</li> </ul>
() 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 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectior Required)	1
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	Poutino Onco
[] High risk of VTE	Routine, Once
<ul> <li>High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required)</li> </ul>	
() 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
<ul> <li>enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li> </ul>	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> </ul>	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
CrCI 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 CrCI GREATER than 30	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
Patients weight between 140 kg or GREATER and CrCI 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 3
Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min	<ul> <li>40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1</li> <li>For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCI LESS than 30 mL/min</li> </ul>
Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min	<ul> <li>40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> <li>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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> </ul>
Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min	<ul> <li>40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1</li> <li>For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCI LESS than 30 mL/min</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> </ul>

() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
DVT Risk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
() Patient currently has an active order for therapeutic	Routine, Once
() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	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	rs
[] Low Risk (Single Response) (Selection Required	
() 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 (Selection Requ	uired)
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. Mea contraindicated.	chanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	tion, dehydration, varicose veins, cancer, sepsis, obesity, previous
	eg 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
[] Moderate Risk Pharmacological Prophylaxis - Su	rgical
Patient (Single Response) (Selection Required)	· · · · ·
() Contraindications exist for pharmacologic proph	ylaxis "And" Linked Panel
BUT order Sequential compression device	
[] 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	ylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[] Contraindiactions switt for machanical	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Respondence) (Selection Required)	·
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1

() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, 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, 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 CrCI GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history of or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> <li>Thrombocytopenia (HIT):</li> </ul>
() 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, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<ul> <li>MODERATE Risk of DVT - Non-Surgical (Selectic Required)</li> </ul>	DN
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome rs
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
<ul> <li>[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required)</li> </ul>	tion
<ul> <li>Contraindications exist for pharmacologic prop Order Sequential compression device</li> </ul>	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
<ul> <li>Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	phylaxis "And" Linked Panel
<ul> <li>[] Contraindications exist for pharmacologic prophylaxis</li> <li>[] Contraindications exist for mechanical</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	Routine, Once

	(Selection Required)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, 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 3
		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 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 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. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
1110		
Hig Bot One Thr or p	protein S deficiency; hyperhomocysteinemia; my	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Hig Bot One Thr or p Sev Ac Mul Abc	h Risk Definition th pharmacologic AND mechanical prophylaxis r e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varial protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Hig Bot One Thr or p Sev Ac Mul Abc	h Risk Definition th pharmacologic AND mechanical prophylaxis r e or more of the following medical conditions: combophilia (Factor V Leiden, prothrombin varial protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Hig Bot One Thr or p Sev Acc Mul Abc Acu His	h Risk Definition h pharmacologic AND mechanical prophylaxis r e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varial protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required)	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C /eloproliferative disorders)
Hig Bot One Thr or p Sev Acc Mul Abc Acu His	h Risk Definition th pharmacologic AND mechanical prophylaxis r e or more of the following medical conditions: combophilia (Factor V Leiden, prothrombin varial protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C /eloproliferative disorders) Routine, Once
Hig Bot One Thr or p Sev Ac Mul Abc Acu His	h Risk Definition h pharmacologic AND mechanical prophylaxis r e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varial protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgica Single Response) (Selection Required)	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C /eloproliferative disorders) Routine, Once al Patient
Hig Bot One Thr or p Sev Ac Mul Abc Acu His	h Risk Definition th pharmacologic AND mechanical prophylaxis r e or more of the following medical conditions: combophilia (Factor V Leiden, prothrombin varial protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgica	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C /eloproliferative disorders) Routine, Once
Hig Bot One Thr or p Sev Ac Mul Abc Acu His	h Risk Definition th pharmacologic AND mechanical prophylaxis r e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varial protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgica Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C /eloproliferative disorders) Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse)
Hig Bot One Thr or p Sev Ac Mul Abc Acu His	<ul> <li>In Risk Definition</li> <li>In pharmacologic AND mechanical prophylaxis response of the following medical conditions:</li> <li>Ition or porter or porte</li></ul>	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C /eloproliferative disorders) Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 40 mg, subcutaneous, daily at 0600, Starting S+1
Hig Bot One Thr or p Sev Ac Mul Abc Acu His	h Risk Definition th pharmacologic AND mechanical prophylaxis r e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varial protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgica Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C /eloproliferative disorders) Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse)
Hig Bot One Thr or p Sev Ac Mul Abc Acu His	<ul> <li>In Risk Definition</li> <li>In Pharmacologic AND mechanical prophylaxis response of the following medical conditions:</li> <li>Itiomore of the following medical condit</li></ul>	nust be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C /eloproliferative disorders) Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1

() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCl LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> <li>Thrombocytopenia (HIT):</li> </ul>
() 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, Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN) [] Mechanical Prophylaxis (Single Response) (Se	Indication: lection
Required) () Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
<ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m	yeloproliferative disorders)
or protein S deficiency; hyperhomocysteinemia; m 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	yeloproliferative disorders)
or protein S deficiency; hyperhomocysteinemia; m 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	
or protein S deficiency; hyperhomocysteinemia; m 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	Routine, Once
or protein S deficiency; hyperhomocysteinemia; m 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 [] High Risk Pharmacological Prophylaxis - Non-S	Routine, Once Surgical
or protein S deficiency; hyperhomocysteinemia; m 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 [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	Routine, Once Burgical
or protein S deficiency; hyperhomocysteinemia; m 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 [] High Risk Pharmacological Prophylaxis - Non-S	Routine, Once Surgical
or protein S deficiency; hyperhomocysteinemia; m 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 [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required)	Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)
or protein S deficiency; hyperhomocysteinemia; m 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 [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis	Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
or protein S deficiency; hyperhomocysteinemia; m 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 (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min	Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
or protein S deficiency; hyperhomocysteinemia; m 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 [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe	Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S
or protein S deficiency; hyperhomocysteinemia; m 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 (Selection Required) [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND	Routine, Once         Surgical         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         contraindication(s):         ponse)         40 mg, subcutaneous, daily at 1700, Starting S         30 mg, subcutaneous, daily at 1700, Starting S         For Patients with CrCL LESS than 30 mL/min         30 mg, subcutaneous, 2 times daily, Starting S         For Patients weight between 100-139 kg and CrCl GREATER than 30

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<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.</li> </ul>	5,000 Units, subcutaneous, every 12 hours 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
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
<ul> <li>Mechanical Prophylaxis (Single Response) (Se Required)</li> </ul>	election
() 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) (Selectio	n
Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis	s must be addressed
One or more of the following medical conditions:	s must be addressed.
	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n	
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	
[] Link Diale (Calastian Damuinad)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip o	
(Arthroplasty) Surgical Patient (Single Response	
(Selection Required)	,
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() envicement (FLIOLUS) tehlet	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	
(Selection Required)	· /
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, 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, 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
CrCI GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
() enovanarin (I OV/ENOX) suringo Ear	mL/min. 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
<ul> <li>enoxaparin (LOVENOX) syringe - For</li> <li>Patients weight between 140 kg or</li> </ul>	Starting S+1
GREATER and CrCI GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	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):

() Place/Maintain sequential compression device continuous       Routine, Continuous         DVT Risk and Prophylaxis Tool (Single Response) (Selection Required) URL: "\appt1.pdf"       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 factors         [] Low Risk (Single Response) (Selection Required)       Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation	() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
weight < 50kg and åge > 75yrs)       Than 50kg and åge GREATER than 75yrs.         ()       viaroxalom (XARELTO) tablef for hjor       10 mg, oral, daliv at 1000 (TIME CRITICAL), Starting S+1         (i)       varfarin (COUMADIN) tablet       oral, daliv at 1000 (TIME CRITICAL), Starting S+1         (i)       varfarin (COUMADIN) tablet       oral, daliv at 1000 (TIME CRITICAL), Starting S+1         (i)       warfarin (COUMADIN) tablet       oral, daliv at 1000 (TIME CRITICAL), Starting S+1         (i)       Mechanical Prophytaxis (Single Response) (Selection       Required)         (i)       CouMADIN)       Routine, Once         (i)       Paleor Maintain sequential compression       Routine, Continuous         DVT Risk and Prophytaxis Tool (Single Response) (Selection Required)       URL: "appt1,pdf"         (i)       Paleor Maintain sequential compression       Routine, Once         (ii)       Paleint currently has an active order for therapeutic       Routine, Once         (iii)       Low Risk Definition       Routine, Once         (iii)       Low Risk Definition       Routine, Once         (iii)       Low Risk Definition       Routine, Once         (iiii)       Low Risk Definition       Routine, Once         (iiii)       Low Risk Definition       Routine, Once         (iiiii)       Low Risk Detor		
()       ivaroxaban (XARELTO) tablet for hip or hip or hip or hip or hip or the path of the path o		
Indications:       To be Given on Post Op Day 1.         Indications:       Indications:         (1) warfarin (COUMADIN) tablet       oral, daily at 1700, Starting S+1         Indications:       Indications:         (1) Pharmacy consult to manage warfarin       STAT, Until discontinued, Starting S         (COUMADIN)       Indication:         (1) Mechanical Prophylaxis (Single Response) (Selection       Required)         (2) Contraindications exist for mechanical       Routine, Once         (2) Pace/Maintain sequential compression       Routine, Continuous         0 weice continuous       DWT Risk and Prophylaxis Tool (Single Response) (Selection Required)       URL: "appt1 pdf"         (1) Patient currently has an active order for therapeutic       Routine, Once       No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         (1) Low Risk d DUT (Selection Required)       Exourtisk, Duc to low risk, no VTE prophylaxis is needed. Will encourge early ambulation         (1) Low Risk of DVT - Surgical (Selection Required)       Exourtisk, no VTE prophylaxis is optional unless pharmacologic is contraindicated.         (2) Low risk of VTE       Selection Required)       Moderate Risk Definition         Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.       Will encourge early ambulation		
admission indications: indications: indications: indications: indications: indication: indication: indication: STAT. Unlit discontinued, Starting S (COUMADIN) isolet indication: STAT. Unlit discontinued, Starting S (COUMADIN) isolet indication: Indindication: Indication: Indication		
()       warfarin (COUMADIN) tablet       oral, daily at 1700, Starting S+1         (1)       Pharmacy consult to manage warfarin       STAT, Until discontinued, Starting S         (2)       ModADIN)       Indication:         (1)       Mechanical Prophylaxis (Single Response) (Selection         Required)       No mechanical VTE prophylaxis due to the following contraindication(s):         (1)       ProterMaintain sequential compression         (2)       PlaceMaintain sequential compression         (2)       PlaceMaintain sequential compression         (3)       Patient currently has an active order for therapeutic anticoagulator or VTE prophylaxis because: patient is afterady on therapeutic anticoagulation for other indication. Therapy for the following:         (1)       Low Risk do DVT (Selection Required)       Routine, Once         (2)       Low Risk (Single Response) (Selection Required)       No pharmacologic VTE prophylaxis is needed. Will encourgae early ambulation         (1)       Low Risk (Single Response) (Selection Required)       Eow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation         (1)       Moderate Risk Definition       Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.         (1)       Moderate Risk Definition       Pharmacologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 a		
Indication:     Indication:     Indication:     STAT. Unlit discontinued, Starting S     (COUMADIN)     Indication:     I		
(1) Pharmacy consult to manage warfarin (COUMADIN)       STAT. Until discontinued, Starting S (COUMADIN)         [1] Mechanical Prophylaxis (Single Response) (Selection Required)       No mechanical VTE prophylaxis due to the following contraindication(s): (2) Place/Maintain sequential compression (3) evice continuous       Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): (3) Place/Maintain sequential compression (4) evice continuous         DVT Risk and Prophylaxis Tool (Single Response) (Selection Required) anticoagulant or VTE prophylaxis anticoagulation for other indication. Therapy for the following:       WRL: "apput 1.pdf"         (2) Place/Maintain sequential compression anticoagulation of VTE prophylaxis anticoagulation for other indication. Therapy for the following:       No pharmacologic VTE prophylaxis because: patient is aiready on therapeutic anticoagulation for other indication. Therapy for the following:         (1) Low Risk of DVT (Selection Required)       Routine, Once (1) Low risk of VTE (Selection Required)         (2) Low risk of DVT - Surgical (Selection Required)       Cour risk. Due to low risk, no VTE prophylaxis is needed. Will encourgae eary ambulation         (1) MoDERATE Risk of DVT - Surgical (Selection Required)       Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.         (2) Hour risk of DVT - Surgical (Selection Required)       Cours, 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 fulty and independenthy ambulatory Estrogen therapy Modera	() warfarin (COUMADIN) tablet	
COUMADIN)     Indication:     COUMADIN)     Indication:     COUMADIN)     Indication:     COUMADIN)     Indication:     COUMADIN     Contraindications exist for mechanical     prophylaxis     Contraindications exist for phenamacologic prophylaxis     Contraindications exist for phenamacologic PTE     Anticipated Instrument of the starting determines of the starting determines of the starting determines     Indication:     COUMADIN)     Indication:     COUMADIN		
[] Mechanical Prophylaxis (Single Response) (Selection Required)       Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous         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 factors       Routine, Once No risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation         () Low Risk (Single Response) (Selection Required) Low Risk Of DVT - Surgical (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 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, preumonia, 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 Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk for Pharmacologic Prophylaxis - Surgical Patient (Single Response) (Selection R		
Required)       Required)         (1)       Contraindications exist for mechanical prophylaxis       No mechanical VTE prophylaxis due to the following contraindication(s):         (1)       Place/Maintain sequential compression device continuous       Routine, Once URL: "appt1.pdf"         DVT Risk and Prophylaxis Tool (Single Response) (Selection Required) uRL: "appt1.pdf"       URL: "appt1.pdf"         (2)       Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis anticoagulant or VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         (1)       LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk factors         (1)       Low Risk (Single Response) (Selection Required) (1) Low risk of VTE bow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation         (1)       Low Risk (Single Response) (Selection Required) (2)       Routine, Once bow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation         (1)       Moderate Risk of DVT - 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 an above Central line History of D		
prophylaxis         No mechanical VTE prophylaxis due to the following contraindication(s):           ()         Place/Maintain sequential compression         Routine, Continuous           DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)         URL: "appt1.pdf"           ()         Patient currently has an active order for therapeutic anticoagulation for other indication. Therapy for the following:         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:           ()         LOW Risk of DVT (Selection Required)         No mechanical VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:           ()         Low Risk (Single Response) (Selection Required)		election
( ) Place/Maintain sequential compression       Routine, Continuous         ( ) Place/Maintain sequential compression       Routine, Continuous         DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)       URL: "tappt1.pdf"         ( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis       Routine, Once         ( ) LOW Risk of DVT (Selection Required)       No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         ( ) Low Risk OEfinition       Age less than 60 years and NO other VTE risk factors         [ ] Low Risk (Single Response) (Selection Required)       Eow risk. on CE         ( ) Low risk of DVT - Surgical (Selection Required)       Moderate Risk Definition         ( ) MODERATE Risk of DVT - Surgical (Selection Required)       Moderate Risk Definition         Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.       One         One or more of the following medical conditions:       CHF, MI, Lung disease, penumonia, 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         Less than	() Contraindications exist for mechanical	Routine, Once
device continuous         DVT Risk and Prophylaxis Tool (Single Response) (Selection Required) URL: "happt1.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)       Routine, Once         Low Risk Definition Age less than 60 years and NO other VTE risk factors       Routine, Once         ()       Low Risk (Single Response) (Selection Required)       Routine, Once         ()       Low risk of VTE       Routine, Once         ()       Low risk of DVT - Surgical (Selection Required)       Moderate Risk Definition         ()       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, Jung disease, neuronia, 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 VTE 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 risk for Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)       "And" Linked Panel BUT order Sequential comp	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
DVT Risk and Prophylaxis Tool (Single Response) (Selection Required) URL: "app11.pdf"  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Low Risk Definition Age less than 60 years and NO other VTE risk factors  I Low Risk (Single Response) (Selection Required) Low risk. Out F VTE Routine, Once Cow risk. Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation () LOW Early the following medical conditions: CHF, MI, Ung 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 Risk (Selection Required) Moderate Risk (Selection Required) Moderate Risk (Selection Required) Moderate Risk (Selection Required) Moderate Risk OPT - Surgical (Prophylaxis - Surgical Moderate Risk OPT - Surgical Prophylaxis - Surgical Moderate Risk Age 60 and above Central line Mistory of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate Risk (Selection Required) Moderate Risk (Selection Required) () Contraindicatione scift for pharmacologic Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindicatione scift for pharmacologic Routine, Once () Contraindicatione scift for pharmacologic Rout	() Place/Maintain sequential compression	Routine, Continuous
URL: "appt1.pdf"         () Patient currently has an active order for therapeutic anticoagulation 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)       Image: the therapeutic anticoagulation for other indication. Therapy for the following:         () LOW Risk Definition       Age less than 60 years and NO other VTE risk factors         () Low Risk (Single Response) (Selection Required)       Image: the therapeutic anticoagulation for other indication. Therapy for the following:         () 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 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 VTE         History of DVT or family history of VTE       Routine, Once         Anticipated length of stay GREATER than 48 hours       Less than fully and independently ambulatory         Etstorgen therapy	device continuous	
URL: "appt1.pdf"         () Patient currently has an active order for therapeutic anticoagulation 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)		
()       Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis       Routine, Once         No pharmacologic VTE prophylaxis because: patient is arready 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 factors         []       Low Risk (Single Response) (Selection Required)       ()         ()       Low Risk of VTE       Routine, Once         ()       Low Risk of VTT       Routine, Once         ()       Low Risk of VTT       Routine, Once         ()       Low Risk of DVT - 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 Risk (Selection Required)         []	DVT Risk and Prophylaxis Tool (Single Response)	
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Age less than 60 years and NO other VTE risk factors         [] Low Risk (Single Response) (Selection Required) <ul> <li>() Low risk of VTE</li> <li>Routine, Once</li> <li>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation</li> </ul> () MODERATE Risk of DVT - 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           Estrongen therapy           Moderate Risk (Selection Required)           [] Moderate Risk for pharmacological Prophylaxis - Surgical           Patient (Single Response) (Selection Required)           [] Moderate Risk for pharmacologic prophylaxis           [] Moderate Risk for pharmacologic prophylaxis           BUT order Sequential compression device           [] Contraindications exist for pharmacologic prophylaxis		
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		Routine, Continuous

() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	bhylaxis "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)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, 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, 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 CrCI GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history of or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCl LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> <li>Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<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, 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, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
MODERATE Risk of DVT - Non-Surgical (Selection Required)	n
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. M contraindicated.	echanical 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)	
<ul> <li>[] Moderate risk of VTE</li> <li>[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection)</li> </ul>	Routine, Once
Required) () Contraindications exist for pharmacologic prop	ohylaxis - "And" Linked Panel
Order Sequential compression device           []         Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
nted on 9/17/2020 at 8:36 AM from SUP	contraindication(s): Page 16 of 27

[]	Place/Maintain sequential compression	Routine, Continuous
()	device continuous	
	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	ohylaxis "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 Resp (Selection Required)	ponse)
$\left( \right)$	) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
$\vec{()}$	) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
()	heparin (porcine) injection (Recommended	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 Indication:
	Pharmacy consult to manage warfarin (COUMADIN) GH Risk of DVT - Surgical (Selection Required)	STAT, Until discontinued, Starting S Indication:
HIC Hig Bot On Thr or p Sev Ac Mu Abo	(COUMADIN) GH Risk of DVT - Surgical (Selection Required) gh Risk Definition th pharmacologic AND mechanical prophylaxis ie or more of the following medical conditions:	Indication: must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIC Hig Bot On Thr or p Sev Ac Mu Abc Acu His	(COUMADIN) GH Risk of DVT - Surgical (Selection Required) gh Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis iltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE High Risk (Selection Required)	Indication: must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
HIC Hig Bot On Thr or p Sev Ac Ac His	(COUMADIN) GH Risk of DVT - Surgical (Selection Required) gh Risk Definition th pharmacologic AND mechanical prophylaxis ie or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis iltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE	Indication: must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once
HIC Hig Bot On Thr or p Sev Ac Ac His	(COUMADIN) GH Risk of DVT - Surgical (Selection Required) gh Risk Definition th pharmacologic AND mechanical prophylaxis ie or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis iltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgic	Indication: must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once
HIC Hig Bot On Thr or p Sev Ac Mu Abo Acu His	(COUMADIN) GH Risk of DVT - Surgical (Selection Required) gh Risk Definition th pharmacologic AND mechanical prophylaxis te or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis litiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required) Contraindications exist for pharmacologic	Indication: must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
HIC Hig Bot On Thr or p Sev Ac Ac His	(COUMADIN) GH Risk of DVT - Surgical (Selection Required) gh Risk Definition th pharmacologic AND mechanical prophylaxis te or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my vere fracture of hip, pelvis or leg cute spinal cord injury with paresis iltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke story of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis	Indication: must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, 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, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history or suspected case of</li> <li>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio</li> <li>Contraindicated in patients LESS than 50kg, prior to surgery/invasive</li> <li>procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced</li> <li>Thrombocytopenia (HIT):</li> </ul>
() 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.	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
weight < 50kg and age > 75yrs) ( ) warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. oral, daily at 1700, Starting S+1
() Pharmacy consult to manage warfarin (COUMADIN)	Indication: STAT, Until discontinued, Starting S Indication:
<ul> <li>[] Mechanical Prophylaxis (Single Response) (Se Required)</li> </ul>	
() 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	·
device continuous HIGH Risk of DVT - Non-Surgical (Selection Requ High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	· · · · · · · · · · · · · · · · · · ·
<ul> <li>HIGH Risk of DVT - Non-Surgical (Selection Required</li> <li>High Risk Definition</li> <li>Both pharmacologic AND mechanical prophylaxis</li> <li>One or more of the following medical conditions:</li> </ul>	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
<ul> <li>HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition</li> <li>Both pharmacologic AND mechanical prophylaxis</li> <li>One or more of the following medical conditions:</li> <li>Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg</li> <li>Acute spinal cord injury with paresis</li> <li>Multiple major traumas</li> <li>Abdominal or pelvic surgery for CANCER</li> <li>Acute ischemic stroke</li> <li>History of PE</li> </ul>	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
<ul> <li>HIGH Risk of DVT - Non-Surgical (Selection Required)</li> <li>High Risk Definition</li> <li>Both pharmacologic AND mechanical prophylaxis</li> <li>One or more of the following medical conditions:</li> <li>Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg</li> <li>Acute spinal cord injury with paresis</li> <li>Multiple major traumas</li> <li>Abdominal or pelvic surgery for CANCER</li> <li>Acute ischemic stroke</li> <li>History of PE</li> <li>[] High Risk (Selection Required)</li> <li>[] High risk of VTE</li> </ul>	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders)
<ul> <li>HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition</li> <li>Both pharmacologic AND mechanical prophylaxis</li> <li>One or more of the following medical conditions:</li> <li>Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg</li> <li>Acute spinal cord injury with paresis</li> <li>Multiple major traumas</li> <li>Abdominal or pelvic surgery for CANCER</li> <li>Acute ischemic stroke</li> <li>History of PE</li> <li>[] High Risk (Selection Required)</li> <li>[] High Risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Non-S</li> <li>Patient (Single Response) (Selection Required)</li> </ul>	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical
<ul> <li>HIGH Risk of DVT - Non-Surgical (Selection Required)</li> <li>High Risk Definition</li> <li>Both pharmacologic AND mechanical prophylaxis</li> <li>One or more of the following medical conditions:</li> <li>Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg</li> <li>Acute spinal cord injury with paresis</li> <li>Multiple major traumas</li> <li>Abdominal or pelvic surgery for CANCER</li> <li>Acute ischemic stroke</li> <li>History of PE</li> <li>[] High Risk (Selection Required)</li> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Non-S</li> </ul>	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once
<ul> <li>HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition</li> <li>Both pharmacologic AND mechanical prophylaxis</li> <li>One or more of the following medical conditions:</li> <li>Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg</li> <li>Acute spinal cord injury with paresis</li> <li>Multiple major traumas</li> <li>Abdominal or pelvic surgery for CANCER</li> <li>Acute ischemic stroke</li> <li>History of PE</li> <li>[] High Risk (Selection Required)</li> <li>[] High Risk Pharmacological Prophylaxis - Non-S</li> <li>Patient (Single Response) (Selection Required</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res_(Selection Required)</li> </ul>	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical ) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)
<ul> <li>HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition</li> <li>Both pharmacologic AND mechanical prophylaxis</li> <li>One or more of the following medical conditions:</li> <li>Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg</li> <li>Acute spinal cord injury with paresis</li> <li>Multiple major traumas</li> <li>Abdominal or pelvic surgery for CANCER</li> <li>Acute ischemic stroke</li> <li>High Risk (Selection Required)</li> <li>[] High Risk (Selection Required)</li> <li>[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required</li> <li>() contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> </ul>	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S
<ul> <li>HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; m 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</li> <li>[] High Risk (Selection Required)         <ul> <li>[] High Risk (Selection Required)</li> <li>[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required</li> <li>() contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() patients with CrCL LESS than 30 mL/min</li> </ul> </li> </ul>	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
<ul> <li>HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition</li> <li>Both pharmacologic AND mechanical prophylaxis</li> <li>One or more of the following medical conditions:</li> <li>Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg</li> <li>Acute spinal cord injury with paresis</li> <li>Multiple major traumas</li> <li>Abdominal or pelvic surgery for CANCER</li> <li>Acute ischemic stroke</li> <li>High Risk (Selection Required)</li> <li>[] High Risk (Selection Required)</li> <li>[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required</li> <li>() contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> </ul>	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S

()       heparin (porcine) injection       5,000 U         ()       heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.       Recommended         weight < 50kg and age > 75yrs)       than 500         ()       warfarin (COUMADIN) tablet       oral, dai         Indicatio       indicatio         ()       Pharmacy consult to manage warfarin (COUMADIN)       STAT, U         ()       Pharmacy consult to manage warfarin (COUMADIN)       Indicatio         ()       Mechanical Prophylaxis (Single Response) (Selection Required)       Routine         ()       Contraindications exist for mechanical prophylaxis       No mec         ()       Place/Maintain sequential compression device continuous       Routine         ()       High Risk Definition Both pharmacologic AND mechanical prophylaxis must be a One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutatic or protein S deficiency; hyperhomocysteinemia; myeloprolife 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 Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)         ()       Contraindications exist for pharmacologic prophylaxis       Routine No	ntil discontinued, Starting S n:
<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>oral, dai</li> <li>() Pharmacy consult to manage warfarin (COUMADIN)</li> <li>Indicatic</li> <li>() Potraindications exist for mechanical prophylaxis</li> <li>No mec</li> <li>() Place/Maintain sequential compression device continuous</li> <li>() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)</li> <li>HIGH Risk Of DVT - Surgical (Hip/Knee) (Selection Required)</li> <li>HIGH Risk Definition</li> <li>Both pharmacologic AND mechanical prophylaxis must be a One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutatic or protein S deficiency; hyperhomocysteinemia; myeloprolife 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</li> <li>[] High Risk (Selection Required)</li> <li>[] High Risk of VTE Routine</li> <li>[] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)</li> <li>() contraindications exist for pharmacologic prophylaxis</li> <li>() aspirin chewable tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe</li> </ul>	its, subcutaneous, every 12 hours ended for patients with high risk of bleeding, e.g. weight LESS g and age GREATER than 75yrs. y at 1700 h: ntil discontinued, Starting S h: Once
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)       than 500         () warfarin (COUMADIN) tablet       oral, dai Indicatio         () Pharmacy consult to manage warfarin (COUMADIN)       STAT, U         () Pharmacy consult to manage warfarin (COUMADIN)       Indicatio         () Pharmacy consult to manage warfarin (COUMADIN)       Indicatio         () Pharmacy consult to manage warfarin (COUMADIN)       STAT, U         () Contraindications exist for mechanical prophylaxis       Routine No mec         () Place/Maintain sequential compression device continuous       No mec         ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)       Routine         High Risk Definition Both pharmacologic AND mechanical prophylaxis must be a One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutatio or protein S deficiency; hyperhomocysteinemia; myeloprolife 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 (Arthroplasty) Surgical Patient (Single Response) (Selection Required)         () contraindications exist for pharmacologic prophylaxis       No phar contrain         () aspirin chewable tablet       162 mg, Indicatio         () aspirin (ECOTRIN) enteric coated tablet       162 mg, Indicatio	ended for patients with high risk of bleeding, e.g. weight LESS g and age GREATER than 75yrs. y at 1700 n: ntil discontinued, Starting S n: Once
() warfarin (COUMADIN) tablet       oral, dai Indicatio         () Pharmacy consult to manage warfarin (COUMADIN)       STAT, L Indication         [] Mechanical Prophylaxis (Single Response) (Selection Required)       STAT, L Indication         () Contraindications exist for mechanical prophylaxis       Routine No mec         () Place/Maintain sequential compression device continuous       Routine         ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)       Routine         High Risk Definition Both pharmacologic AND mechanical prophylaxis must be a One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutatic or protein S deficiency; hyperhomocysteinemia; myeloprolife 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         [] High Risk for VTE       Routine         [] High Risk for VTE       Routine         [] High Risk of VTE       Routine         [] High Risk for VTE       Routine         () Contraindications exist for	n: ntil discontinued, Starting S n: Once
(COUMADIN)       Indication         [] Mechanical Prophylaxis (Single Response) (Selection Required)       () Contraindications exist for mechanical No mec         () Contraindications exist for mechanical prophylaxis       No mec         () Place/Maintain sequential compression device continuous       Routine device continuous         ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)       High Risk Definition         Both pharmacologic AND mechanical prophylaxis must be a One or more of the following medical conditions:       Thrombophilia (Factor V Leiden, prothrombin variant mutatic or protein S deficiency; hyperhomocysteinemia; myeloprolife 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 Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)       () Contraindications exist for pharmacologic Routine prophylaxis         () apixaban (ELIQUIS) tablet       2.5 mg, Indicatic () aspirin chewable tablet       162 mg, () aspirin chewable tablet         () aspirin chewable tablet       162 mg, () enoxaparin (LOVENOX) syringe       40 mg, () enoxaparin (LOVENOX) syringe	n: Once
Required)       Routine         ()       Contraindications exist for mechanical prophylaxis       Routine No mec         ()       Place/Maintain sequential compression device continuous       Routine device continuous         )       HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)       Required)         High Risk Definition       Both pharmacologic AND mechanical prophylaxis must be a One or more of the following medical conditions:         Thrombophilia (Factor V Leiden, prothrombin variant mutatic or protein S deficiency; hyperhomocysteinemia; myeloprolife 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 Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)         ()       Contraindications exist for pharmacologic prophylaxis       Routine No phar contrain         ()       apixaban (ELIQUIS) tablet       2.5 mg, Indicatic (1 aspirin chewable tablet       162 mg, Indicatic (2 mg, Indic	
prophylaxis       No mec         ()       Place/Maintain sequential compression device continuous       Routine device continuous         )       HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)         High Risk Definition Both pharmacologic AND mechanical prophylaxis must be a One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutatic or protein S deficiency; hyperhomocysteinemia; myeloprolife 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) []       Routine         []       High risk of VTE Routine       Routine         []       High risk of VTE Northroplasty) Surgical Patient (Single Response) (Selection Required)       Routine No phar contrain         ()       Contraindications exist for pharmacologic prophylaxis       Routine No phar contrain         ()       apirin chewable tablet       162 mg. ()         ()       enoxaparin (LOVENOX) injection (Single Response) (Selection Required)         ()       enoxaparin (LOVENOX) syringe       40 mg. ()	
()       Place/Maintain sequential compression device continuous       Routine         )       HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)         High Risk Definition Both pharmacologic AND mechanical prophylaxis must be a One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutatic or protein S deficiency; hyperhomocysteinemia; myeloprolife 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) []       Routine         []       High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)         ()       Contraindications exist for pharmacologic prophylaxis       Routine No phar contrain         ()       apixaban (ELIQUIS) tablet       2.5 mg, Indication         ()       aspirin chewable tablet       162 mg, () enoxaparin (LOVENOX) injection (Single Response) (Selection Required)         ()       enoxaparin (LOVENOX) syringe       40 mg, () enoxaparin (LOVENOX) syringe	anical VTE prophylaxis due to the following contraindication(s):
device continuous         HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)         High Risk Definition         Both pharmacologic AND mechanical prophylaxis must be a One or more of the following medical conditions:         Thrombophilia (Factor V Leiden, prothrombin variant mutatic or protein S deficiency; hyperhomocysteinemia; myeloprolife 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         I High Risk (Selection Required)         High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)         () Contraindications exist for pharmacologic prophylaxis       Routine No phar contrain         () aspirin chewable tablet       162 mg, () aspirin (ECOTRIN) enteric coated tablet       162 mg, () enoxaparin (LOVENOX) injection (Single Response) (Selection Required)         () enoxaparin (LOVENOX) syringe       40 mg, () enoxaparin (LOVENOX) syringe       30 mg	
Required)         High Risk Definition         Both pharmacologic AND mechanical prophylaxis must be a         One or more of the following medical conditions:         Thrombophilia (Factor V Leiden, prothrombin variant mutatic         or protein S deficiency; hyperhomocysteinemia; myeloprolife         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 Pharmacological Prophylaxis - Hip or Knee         (Arthroplasty) Surgical Patient (Single Response)         (Selection Required)         () Contraindications exist for pharmacologic prophylaxis         () aspirin chewable tablet       162 mg         () aspirin chewable tablet       162 mg         () enoxaparin (LOVENOX) injection (Single Response)         (Selection Required)         () enoxaparin (LOVENOX) syringe       40 mg         () enoxaparin (LOVENOX) syringe       30 mg	Continuous
High Risk Definition         Both pharmacologic AND mechanical prophylaxis must be a         One or more of the following medical conditions:         Thrombophilia (Factor V Leiden, prothrombin variant mutatic         or protein S deficiency; hyperhomocysteinemia; myeloprolife         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         [] High Risk Pharmacological Prophylaxis - Hip or Knee         (Arthroplasty) Surgical Patient (Single Response)         (Selection Required)         () Contraindications exist for pharmacologic prophylaxis       No phar         () apixaban (ELIQUIS) tablet       2.5 mg, Indicatic         () aspirin chewable tablet       162 mg         () aspirin (ECOTRIN) enteric coated tablet       162 mg         () enoxaparin (LOVENOX) injection (Single Response)       (Selection Required)         () enoxaparin (LOVENOX) syringe       40 mg         () enoxaparin (LOVENOX) syringe       30 mg	
[] High risk of VTERoutine[] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)Routine Routine no pharmacologic prophylaxis() Contraindications exist for pharmacologic prophylaxisRoutine No phar contrain() apixaban (ELIQUIS) tablet2.5 mg, Indication() aspirin chewable tablet162 mg, () enoxaparin (LOVENOX) injection (Single Response) (Selection Required)() enoxaparin (LOVENOX) syringe40 mg, () enoxaparin (LOVENOX) syringe	
[] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)         () Contraindications exist for pharmacologic prophylaxis       Routine No phar contrain         () apixaban (ELIQUIS) tablet       2.5 mg, Indication         () aspirin chewable tablet       162 mg, () aspirin (ECOTRIN) enteric coated tablet         () enoxaparin (LOVENOX) injection (Single Response) (Selection Required)       () enoxaparin (LOVENOX) syringe         () enoxaparin (LOVENOX) syringe       40 mg, 30 mg	
(Arthroplasty) Surgical Patient (Single Response) (Selection Required)         () Contraindications exist for pharmacologic prophylaxis       Routine No phar contrain         () apixaban (ELIQUIS) tablet       2.5 mg, Indication         () aspirin chewable tablet       162 mg, Indication         () aspirin (ECOTRIN) enteric coated tablet       162 mg, Indication         () enoxaparin (LOVENOX) injection (Single Response) (Selection Required)       162 mg, Indication         () enoxaparin (LOVENOX) syringe       40 mg, 30 mg	Once
<ul> <li>( ) Contraindications exist for pharmacologic prophylaxis</li> <li>( ) apixaban (ELIQUIS) tablet</li> <li>( ) apixaban (ELIQUIS) tablet</li> <li>( ) aspirin chewable tablet</li> <li>( ) aspirin (ECOTRIN) enteric coated tablet</li> <li>( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>( ) enoxaparin (LOVENOX) syringe</li> </ul>	
( ) apixaban (ELIQUIS) tablet2.5 mg, Indication( ) aspirin chewable tablet162 mg, 162 mg, ( ) aspirin (ECOTRIN) enteric coated tablet162 mg, 162 mg, ( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)( ) enoxaparin (LOVENOX) syringe40 mg, 30 mg, 30 mg,	
( ) aspirin chewable tablet162 mg.( ) aspirin (ECOTRIN) enteric coated tablet162 mg.( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)() enoxaparin (LOVENOX) syringe( ) enoxaparin (LOVENOX) syringe40 mg.( ) enoxaparin (LOVENOX) syringe30 mg.	nacologic VTE prophylaxis due to the following
() aspirin (ECOTRIN) enteric coated tablet162 mg() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)() enoxaparin (LOVENOX) syringe40 mg() enoxaparin (LOVENOX) syringe30 mg	nacologic VTE prophylaxis due to the following lication(s): oral, every 12 hours, Starting S+1
()enoxaparin (LOVENOX) injection (Single Response) (Selection Required)()enoxaparin (LOVENOX) syringe()enoxaparin (LOVENOX) syringe()enoxaparin (LOVENOX) syringe30 mg	nacologic VTE prophylaxis due to the following lication(s): oral, every 12 hours, Starting S+1 ns:
() enoxaparin (LOVENOX) syringe40 mg.() enoxaparin (LOVENOX) syringe30 mg.	nacologic VTE prophylaxis due to the following lication(s): oral, every 12 hours, Starting S+1 ns: oral, daily, Starting S+1
() enoxaparin (LOVENOX) syringe 30 mg	nacologic VTE prophylaxis due to the following lication(s): oral, every 12 hours, Starting S+1 ns:
	nacologic VTE prophylaxis due to the following lication(s): oral, every 12 hours, Starting S+1 ns: oral, daily, Starting S+1 oral, daily, Starting S+1
() enoxaparin (LOVENOX) syringe - For 30 mg	nacologic VTE prophylaxis due to the following lication(s): oral, every 12 hours, Starting S+1 ns: oral, daily, Starting S+1 oral, daily, Starting S+1 subcutaneous, daily at 0600, Starting S+1 subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	nacologic VTE prophylaxis due to the following lication(s): oral, every 12 hours, Starting S+1 ns: oral, daily, Starting S+1 oral, daily, Starting S+1 subcutaneous, daily at 0600, Starting S+1 subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), S+1 subcutaneous, daily at 0600, Starting S+1
Patients weight between 100-139 kg and Startin CrCl GREATER than 30 mL/min For Pa	nacologic VTE prophylaxis due to the following lication(s): oral, every 12 hours, Starting S+1 oral, daily, Starting S+1 oral, daily, Starting S+1 subcutaneous, daily at 0600, Starting S+1 subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), S+1

() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or GREATER and CrCl GREATER than 30	Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30
mL/min	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	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.
() 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, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() 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
abs	
abs HMH	
Rubella antibody, IgG	Once, L&D Pre-Delivery
Surgical pathology request	Collection Date: 9/17/2020
	Collection Time:
	Surgical Specimen:
	Gestational Age:
	Specimen Site:
	Number of specimens: Malignancy:
	Irradiation

	Surgical Specimen:
	Gestational Age:
	Specimen Site:
	Number of specimens:
	Malignancy:
	Irradiation:
	Specimen Status:
	Chemotherapy:
	Hormonal Therapy:
	Clinical History:
	Pre-Operative Diagnosis:
	Procedure Type:
	L&D Pre-Delivery
] Urine drugs of abuse screen	Once, L&D Pre-Delivery
] Bedside glucose	Routine, Once, L&D Pre-Delivery
] OB Panel	
[] Bedside glucose	Routine, Every hour, L&D Pre-Delivery
[] CBC with differential	Once For 1 Occurrences, L&D Pre-Delivery
[] CBC with platelet and differential	AM draw repeats For 3 Days, L&D Pre-Delivery
[] Basic metabolic panel	Once, L&D Pre-Delivery
[] Hepatitis B surface antigen	Once For 1 Occurrences, L&D Pre-Delivery
[] HIV Ag/Ab combination	Once For 1 Occurrences, L&D Pre-Delivery
[] Syphilis total antibody	Once, L&D Pre-Delivery
[] Type and Screen, Obstetrical Patient	Once For 1 Occurrences, L&D Pre-Delivery
[] Urine dipstick	Once, L&D Pre-Delivery

[] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: L&D Pre-Delivery
[] Pre-Eclamptic Lab Panel	
[] CBC with differential	Once, L&D Pre-Delivery
[] Comprehensive metabolic panel	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
[] Uric acid	Once, L&D Pre-Delivery
[] LDH	Once, L&D Pre-Delivery
[] Urine Protein and Creatinine	· · · · · · · · · · · · · · · · · · ·
[] Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Fetal Demise Panel	
[] Antibody screen (gel)	Once
[] Antithrombin III level	Once, L&D Pre-Delivery
[] Cardiolipin antibodies	Once, L&D Pre-Delivery
[] Factor V leiden by PCR	Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
[] Hemoglobin A1c	Once
[] Homocystine, plasma	Once, L&D Pre-Delivery
[] Kleihauer-Betke	Once
[] Lupus anticoagulant panel	Once, L&D Pre-Delivery
[] Parvovirus B19 antibody, IgG and IgM	Once, L&D Pre-Delivery
[] Prothrombin mutation, factor II, by PCR	Once, L&D Pre-Delivery
[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] TSH	Once, L&D Pre-Delivery

#### Labs HMW, HMSL

[] Blood gas, arterial, cord	Once, L&D Pre-Delivery
[] Blood gas, venous, cord	Once, L&D Pre-Delivery
[] Rubella antibody, IgG	Once, L&D Pre-Delivery
[] Surgical pathology request	Collection Date: 9/17/2020
	Collection Time:
	Surgical Specimen:
	Gestational Age:
	Specimen Site:
	Number of specimens:
	Malignancy:
	Irradiation:
	Specimen Status:
	Chemotherapy:
	Hormonal Therapy:
	Clinical History:
	Pre-Operative Diagnosis:
	Procedure Type:
	L&D Pre-Delivery
[] Urine drugs of abuse screen	Once, L&D Pre-Delivery
[] Bedside glucose	Routine, Once, L&D Pre-Delivery
[] OB Panel	
[] Bedside glucose	Routine, Every hour, L&D Pre-Delivery
[] CBC with differential	Once For 1 Occurrences, L&D Pre-Delivery
[] CBC with platelet and differential	AM draw repeats For 3 Days, L&D Pre-Delivery
[] Basic metabolic panel	Once, L&D Pre-Delivery
[] Hepatitis B surface antigen	Once For 1 Occurrences, L&D Pre-Delivery
[] HIV Ag/Ab combination	Once For 1 Occurrences, L&D Pre-Delivery
[] Syphilis total antibody	Once, L&D Pre-Delivery

[] Type and Screen, Obstetrical Patient	Once For 1 Occurrences, L&D Pre-Delivery
[] Urine dipstick	Once, L&D Pre-Delivery
[] Urinalysis screen and microscopy, with	Once
reflex to culture	Specimen Source: Urine
	Specimen Site:
	L&D Pre-Delivery
[] Pre-Eclamptic Lab Panel	
[] CBC with differential	Once, L&D Pre-Delivery
[] Comprehensive metabolic panel	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
[] Uric acid	Once, L&D Pre-Delivery
[] LDH	Once, L&D Pre-Delivery
[] Urine Protein and Creatinine	
[] Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Fetal Demise Panel	
[] Antibody screen (gel)	Once
[] Antithrombin III level	Once, L&D Pre-Delivery
[] Cardiolipin antibodies	Once, L&D Pre-Delivery
[] Factor V leiden by PCR	Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
[] Hemoglobin A1c	Once
[] Homocystine, plasma	Once, L&D Pre-Delivery
[] Kleihauer-Betke	Once
[] Lupus anticoagulant panel	Once, L&D Pre-Delivery
[] Parvovirus B19 antibody, IgG and IgM	Once, L&D Pre-Delivery
[] Prothrombin mutation, factor II, by PCR	Once, L&D Pre-Delivery
[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] TSH	Once, L&D Pre-Delivery
	-

#### Labs HMSJ

[] Cord blood gas, arterial	STAT For 1 Occurrences, L&D Pre-Delivery
[] Cord blood gas, venous	STAT For 1 Occurrences, L&D Pre-Delivery
[] Rubella antibody, IgG	Once, L&D Pre-Delivery
[] Surgical pathology request	Collection Date: 9/17/2020
	Collection Time:
	Surgical Specimen:
	Gestational Age:
	Specimen Site:
	Number of specimens:
	Malignancy:
	Irradiation:
	Specimen Status:
	Chemotherapy:
	Hormonal Therapy:
	Clinical History:
	Pre-Operative Diagnosis:
	Procedure Type:
	L&D Pre-Delivery
[] Urine drugs of abuse screen	STAT For 1 Occurrences, L&D Pre-Delivery
[] Bedside glucose	Routine, Once, L&D Pre-Delivery
[] OB MAG Panel	
[] Bedside glucose	Routine, Every hour, L&D Pre-Delivery
[] CBC with differential	Once
[] CBC with platelet and differential	AM draw repeats For 3 Occurrences, L&D Pre-Delivery
[] Basic metabolic panel	Once
[] Hepatitis B surface antigen	Once

Image: Syphilis total antibody       Once         Image: Type and Screen, Obstetrical Patient       Once, L&D Pre-Delivery         Image: Type and Screen, Obstetrical Patient       Once, L&D Pre-Delivery         Image: Type and Screen, Obstetrical Patient       Once, L&D Pre-Delivery         Image: Type and Screen, Obstetrical Patient       Once, L&D Pre-Delivery         Image: Type and Screen, Obstetrical Patient       Once, L&D Pre-Delivery         Image: Type and Screen, Obstetrical Patient       Once I Cocurrences, L&D Pre-Delivery         Image: Type and Screen (gel)	[] HIV 1, 2 antibody	Once
[] Type and Screen, Obstetrical Patient       Once         [] Urinalysis screen and microscopy, with reflex to culture       Once         Specimen Source: Urine Specimen Source: Urine Specimen Site:       Once For 1 Occurrences, L&D Pre-Delivery         [] Pre-Eclamptic Lab Panel       Once, L&D Pre-Delivery         [] CBC with differential       Once, L&D Pre-Delivery         [] Comprehensive metabolic panel       Once, L&D Pre-Delivery         [] Prothrombin time with INR       Once, L&D Pre-Delivery         [] Prothrombin time with INR       Once, L&D Pre-Delivery         [] Prothrombin time with INR       Once, L&D Pre-Delivery         [] I Dratial thromboplastin time       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] Uric Protein and Creatinine       Once For 1 Occurrences, L&D Pre-Delivery         [] Pretal pervise Panel       Once         [] Antibody screen (gel)       Once         [] Antibody screen (gel)       Once         [] Antibody screen (gel)       Once         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemoglobin Atc       Once         [] Homocystine, plasma       STAT For 1 Occurrences, L&D Pre-Delivery         [] Heinda		Once
reflex to culture       Specimen Source: Urine Specimen Site:         [] POC urinalysis dipstick       Once For 1 Occurrences, L&D Pre-Delivery         [] Pre-Eclamptic Lab Panel       Once, L&D Pre-Delivery         [] CBC with differential       Once, L&D Pre-Delivery         [] Comprehensive metabolic panel       Once, L&D Pre-Delivery         [] Prothrombin time with INR       Once, L&D Pre-Delivery         [] Prothormboplastin time       Once, L&D Pre-Delivery         [] Fibrinogen       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] Urine Protein and Creatinine       Once, L&D Pre-Delivery         [] Urine Protein and Creatinine       Image: Creatinine level, urine, random         [] Fetal Demise Panel       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Fatal Demise Panel       Image: Creatinine level, urine, random         [] Antibody screen (gel)       Once         [] Hemoglobin A1c       Once </td <td></td> <td>Once</td>		Once
reflex to culture       Specimen Source: Urine Specimen Site:         [] POC urinalysis dipstick       Once For 1 Occurrences, L&D Pre-Delivery         [] Pre-Eclamptic Lab Panel       Once, L&D Pre-Delivery         [] CBC with differential       Once, L&D Pre-Delivery         [] Comprehensive metabolic panel       Once, L&D Pre-Delivery         [] Prothrombin time with INR       Once, L&D Pre-Delivery         [] Prothormboplastin time       Once, L&D Pre-Delivery         [] Fibrinogen       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] Urine Protein and Creatinine       Once, L&D Pre-Delivery         [] Urine Protein and Creatinine       Image: Creatinine level, urine, random         [] Fetal Demise Panel       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Fatal Demise Panel       Image: Creatinine level, urine, random         [] Antibody screen (gel)       Once         [] Hemoglobin A1c       Once </td <td></td> <td>Once</td>		Once
[] PCC urinalysis dipstick       Once For 1 Occurrences, L&D Pre-Delivery         [] CBC with differential       Once, L&D Pre-Delivery         [] Comprehensive metabolic panel       Once, L&D Pre-Delivery         [] Prothrombin time with INR       Once, L&D Pre-Delivery         [] Pratial thromboplastin time       Once, L&D Pre-Delivery         [] Pribrinogen       Once, L&D Pre-Delivery         [] Libri acid       Once, L&D Pre-Delivery         [] Libri acid       Once, L&D Pre-Delivery         [] Urine Protein and Creatinine       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Fetal Demise Panel       Image: Conce For 1 Occurrences, L&D Pre-Delivery         [] Antibody screen (gel)       Once         [] Antithrombin III level       STAT For 1 Occurrences, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Fibrinogen       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemoglobin A1c       Once         [] Homocystine, plasma       STAT For 1 Occurrences, L&D Pre-Delivery         [] Kleihauer-Betke       Once         [] Lupus anticoagulant panel       STAT For 1 Occurrences, L&D Pre-Delivery </td <td></td> <td>Specimen Source: Urine</td>		Specimen Source: Urine
[]       Pre-Eclamptic Lab Panel         []       CBC with differential       Once, L&D Pre-Delivery         []       Comprehensive metabolic panel       Once, L&D Pre-Delivery         []       Prothrombin time with INR       Once, L&D Pre-Delivery         []       Partial thromboplastin time       Once, L&D Pre-Delivery         []       Partial thromboplastin time       Once, L&D Pre-Delivery         []       Uric acid       Once, L&D Pre-Delivery         []       Uric acid       Once, L&D Pre-Delivery         []       Urine Protein and Creatinine       Ince, L&D Pre-Delivery         []       Urine Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         []       Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         []       Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         []       Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         []       Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         []       Protein, urine, random       Once E or 1 Occurrences, L&D Pre-Delivery         []       Protein, urine, random       Once E or 1 Occurrences, L&D Pre-Delivery         []       Protein, urine, random       Once       STAT For 1 Occurrences, L&D Pre-Del		Specimen Site:
[] CBC with differential       Once, L&D Pre-Delivery         [] Comprehensive metabolic panel       Once, L&D Pre-Delivery         [] Prothrombin time with INR       Once, L&D Pre-Delivery         [] Partial thromboplastin time       Once, L&D Pre-Delivery         [] Partial thromboplastin time       Once, L&D Pre-Delivery         [] Ibinogen       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] LDH       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] Ich       Once, L&D Pre-Delivery         [] LDH       Once For 1 Occurrences, L&D Pre-Delivery         [] Frotein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Fetal Demise Panel       Once         [] Antibody screen (gel)       Once         [] Antibrombin III level       STAT For 1 Occurrences, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemocystine, plasma       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemocyst	[] POC urinalysis dipstick	Once For 1 Occurrences, L&D Pre-Delivery
[] Comprehensive metabolic panel       Once, L&D Pre-Delivery         [] Prothrombin time with INR       Once, L&D Pre-Delivery         [] Partial thromboplastin time       Once, L&D Pre-Delivery         [] Fibrinogen       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] Urine Protein and Creatinine       Once, L&D Pre-Delivery         [] Urine Protein and Creatinine       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Fetal Demise Panel       Once         [] Antibody screen (gel)       Once         [] Antibrombin III level       STAT For 1 Occurrences, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Fibrinogen       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemoglobin A1c       Once         [] Homocystine, plasma       STAT For 1 Occurrences, L&D Pre-Delivery         [] Kleihauer-Betke       Once         [] Lupus anticoagulant panel       STAT For 1 Occurrences, L&D Pre-Delivery         [] Partovirus B19 antibody, IgG and IgM       STAT For 1 Occurrences, L&D Pre-Delivery         [] Partoris B19 antibody, IgG and IgM       STAT For 1 Occurrences, L&D Pre-Delivery	[] Pre-Eclamptic Lab Panel	
[]       Prothrombin time with INR       Once, L&D Pre-Delivery         []       Partial thromboplastin time       Once, L&D Pre-Delivery         []       Fibrinogen       Once, L&D Pre-Delivery         []       Uric acid       Once, L&D Pre-Delivery         []       Uric acid       Once, L&D Pre-Delivery         []       Uric acid       Once, L&D Pre-Delivery         []       Urine Protein and Creatinine       Image: Creatinine level, urine, random         []       Creatinine level, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         []       Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         []       Fetal Demise Panel       Image: Creatinine level         []       Antithoody screen (gel)       Once         []       Antithrombin III level       STAT For 1 Occurrences, L&D Pre-Delivery         []       Cardiolipin antibodies       Once, L&D Pre-Delivery         []       Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         []       Fibrinogen       STAT For 1 Occurrences, L&D Pre-Delivery         []       Hemoglobin A1c       Once         []       Homocystine, plasma       STAT For 1 Occurrences, L&D Pre-Delivery         []       Hemoglobin A1c       Once	[] CBC with differential	Once, L&D Pre-Delivery
[] Partial thromboplastin time       Once, L&D Pre-Delivery         [] Fibrinogen       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] LDH       Once, L&D Pre-Delivery         [] Uric acid and Creatinine       Once, L&D Pre-Delivery         [] Uric Protein and Creatinine       Once, L&D Pre-Delivery         [] Uric Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Fetal Demise Panel       Once         [] Antibody screen (gel)       Once         [] Antithrombin III level       STAT For 1 Occurrences, L&D Pre-Delivery         [] Cardiolipin antibodies       Once, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemoglobin A1c       Once         [] Homocystine, plasma       STAT For 1 Occurrences, L&D Pre-Delivery         [] Kleihauer-Betke       Once         [] Lupus anticoagulant panel       STAT For 1 Occurrences, L&D Pre-Delivery         [] Partial thromboplastin time       STAT For 1 Occurrences, L&D Pre-Delivery         [] Partial thromboplastin time       STAT For 1 Occurrences, L&D Pre-Delivery	[] Comprehensive metabolic panel	Once, L&D Pre-Delivery
[] Fibrinogen       Once, L&D Pre-Delivery         [] Uric acid       Once, L&D Pre-Delivery         [] LDH       Once, L&D Pre-Delivery         [] Urine Protein and Creatinine       Image: Creatinine level, urine, random         [] Orce For 1 Occurrences, L&D Pre-Delivery       Image: Creatinine level, urine, random         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Fetal Demise Panel       Image: Creatinine level, urine, random         [] Antibody screen (gel)       Once         [] Antithrombin III level       STAT For 1 Occurrences, L&D Pre-Delivery         [] Cardiolipin antibodies       Once, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemoglobin A1c       Once         [] Homocystine, plasma       STAT For 1 Occurrences, L&D Pre-Delivery         [] Kleihauer-Betke       Once         [] Lupus anticoagulant panel       STAT For 1 Occurrences, L&D Pre-Delivery         [] Parvovirus B19 antibody, IgG and IgM       STAT For 1 Occurrences, L&D Pre-Delivery         [] Partial thromboplastin time       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin mutation, factor II, by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [	[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] Uric acid       Once, L&D Pre-Delivery         [] LDH       Once, L&D Pre-Delivery         [] Urine Protein and Creatinine       Image: Creatinine level, urine, random         [] Creatinine level, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Fetal Demise Panel       Image: Creating Present Panel         [] Antibody screen (gel)       Once         [] Antithrombin III level       STAT For 1 Occurrences, L&D Pre-Delivery         [] Cardiolipin antibodies       Once, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemoglobin A1c       Once         [] Homocystine, plasma       STAT For 1 Occurrences, L&D Pre-Delivery         [] Kleihauer-Betke       Once         [] Lupus anticoagulant panel       STAT For 1 Occurrences, L&D Pre-Delivery         [] Parvovirus B19 antibody, IgG and IgM       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin mutation, factor II, by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Partial thromboplastin time       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin time with INR       STAT For 1 Occurrences, L&D Pre-Delivery	[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] LDH       Once, L&D Pre-Delivery         [] Urine Protein and Creatinine       Image: Creatinine level, urine, random         [] Creatinine level, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Fetal Demise Panel       Image: Creatinine level, urine, random         [] Antibody screen (gel)       Once         [] Antithrombin III level       STAT For 1 Occurrences, L&D Pre-Delivery         [] Cardiolipin antibodies       Once, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Fibrinogen       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemoglobin A1c       Once         [] Homocystine, plasma       STAT For 1 Occurrences, L&D Pre-Delivery         [] Kleihauer-Betke       Once         [] Lupus anticoagulant panel       STAT For 1 Occurrences, L&D Pre-Delivery         [] Parvovirus B19 antibody, IgG and IgM       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin mutation, factor II, by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Partial thromboplastin time       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin time with INR       STAT For 1 Occurrences, L&D Pre-Delivery	[] Fibrinogen	Once, L&D Pre-Delivery
[] Urine Protein and Creatinine         [] Creatinine level, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Fetal Demise Panel       []         [] Antibody screen (gel)       Once         [] Antithrombin III level       STAT For 1 Occurrences, L&D Pre-Delivery         [] Cardiolipin antibodies       Once, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemoglobin A1c       Once         [] Hemoglobin A1c       Once         [] Lupus anticoagulant panel       STAT For 1 Occurrences, L&D Pre-Delivery         [] Herovirus B19 antibody, IgG and IgM       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin mutation, factor II, by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Partial thromboplastin time       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin itime with INR       STAT For 1 Occurrences, L&D Pre-Delivery	[] Uric acid	Once, L&D Pre-Delivery
[] Creatinine level, urine, randomOnce For 1 Occurrences, L&D Pre-Delivery[] Protein, urine, randomOnce For 1 Occurrences, L&D Pre-Delivery[] Antibody screen (gel)Once[] Antibrombin III levelSTAT For 1 Occurrences, L&D Pre-Delivery[] Cardiolipin antibodiesOnce, L&D Pre-Delivery[] Factor V leiden by PCRSTAT For 1 Occurrences, L&D Pre-Delivery[] FibrinogenSTAT For 1 Occurrences, L&D Pre-Delivery[] Hemoglobin A1cOnce[] Homocystine, plasmaSTAT For 1 Occurrences, L&D Pre-Delivery[] Lupus anticoagulant panelSTAT For 1 Occurrences, L&D Pre-Delivery[] Parvovirus B19 antibody, IgG and IgMSTAT For 1 Occurrences, L&D Pre-Delivery[] Prothrombin mutation, factor II, by PCRSTAT For 1 Occurrences, L&D Pre-Delivery[] Prothrombin time with INRSTAT For 1 Occurrences, L&D Pre-Delivery		Once, L&D Pre-Delivery
[] Protein, urine, random       Once For 1 Occurrences, L&D Pre-Delivery         [] Antibody screen (gel)       Once         [] Antibody screen (gel)       Once         [] Antithrombin III level       STAT For 1 Occurrences, L&D Pre-Delivery         [] Cardiolipin antibodies       Once, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Fibrinogen       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemoglobin A1c       Once         [] Homocystine, plasma       STAT For 1 Occurrences, L&D Pre-Delivery         [] Kleihauer-Betke       Once         [] Lupus anticoagulant panel       STAT For 1 Occurrences, L&D Pre-Delivery         [] Parvovirus B19 antibody, IgG and IgM       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin mutation, factor II, by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Partial thromboplastin time       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin time with INR       STAT For 1 Occurrences, L&D Pre-Delivery	[] Urine Protein and Creatinine	
[] Fetal Demise Panel         [] Antibody screen (gel)       Once         [] Antithrombin III level       STAT For 1 Occurrences, L&D Pre-Delivery         [] Cardiolipin antibodies       Once, L&D Pre-Delivery         [] Factor V leiden by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Fibrinogen       STAT For 1 Occurrences, L&D Pre-Delivery         [] Hemoglobin A1c       Once         [] Homocystine, plasma       STAT For 1 Occurrences, L&D Pre-Delivery         [] Kleihauer-Betke       Once         [] Lupus anticoagulant panel       STAT For 1 Occurrences, L&D Pre-Delivery         [] Parvovirus B19 antibody, IgG and IgM       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin mutation, factor II, by PCR       STAT For 1 Occurrences, L&D Pre-Delivery         [] Partial thromboplastin time       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin time with INR       STAT For 1 Occurrences, L&D Pre-Delivery	[] Creatinine level, urine, random	
Image:		Once For 1 Occurrences, L&D Pre-Delivery
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Image: Cardiolipin antibodiesOnce, L&D Pre-Delivery[] Factor V leiden by PCRSTAT For 1 Occurrences, L&D Pre-Delivery[] FibrinogenSTAT For 1 Occurrences, L&D Pre-Delivery[] Hemoglobin A1cOnce[] Homocystine, plasmaSTAT For 1 Occurrences, L&D Pre-Delivery[] Kleihauer-BetkeOnce[] Lupus anticoagulant panelSTAT For 1 Occurrences, L&D Pre-Delivery[] Parvovirus B19 antibody, IgG and IgMSTAT For 1 Occurrences, L&D Pre-Delivery[] Prothrombin mutation, factor II, by PCRSTAT For 1 Occurrences, L&D Pre-Delivery[] Partial thromboplastin timeSTAT For 1 Occurrences, L&D Pre-Delivery[] Prothrombin time with INRSTAT For 1 Occurrences, L&D Pre-Delivery		
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Image: Image of the model of	[] Factor V leiden by PCR	STAT For 1 Occurrences, L&D Pre-Delivery
[] Homocystine, plasmaSTAT For 1 Occurrences, L&D Pre-Delivery[] Kleihauer-BetkeOnce[] Lupus anticoagulant panelSTAT For 1 Occurrences, L&D Pre-Delivery[] Parvovirus B19 antibody, IgG and IgMSTAT For 1 Occurrences, L&D Pre-Delivery[] Prothrombin mutation, factor II, by PCRSTAT For 1 Occurrences, L&D Pre-Delivery[] Partial thromboplastin timeSTAT For 1 Occurrences, L&D Pre-Delivery[] Prothrombin time with INRSTAT For 1 Occurrences, L&D Pre-Delivery		STAT For 1 Occurrences, L&D Pre-Delivery
[] Kleihauer-BetkeOnce[] Lupus anticoagulant panelSTAT For 1 Occurrences, L&D Pre-Delivery[] Parvovirus B19 antibody, IgG and IgMSTAT For 1 Occurrences, L&D Pre-Delivery[] Prothrombin mutation, factor II, by PCRSTAT For 1 Occurrences, L&D Pre-Delivery[] Partial thromboplastin timeSTAT For 1 Occurrences, L&D Pre-Delivery[] Prothrombin time with INRSTAT For 1 Occurrences, L&D Pre-Delivery		Once
Image: Construct of the sector of the sect		STAT For 1 Occurrences, L&D Pre-Delivery
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[] Prothrombin mutation, factor II, by PCRSTAT For 1 Occurrences, L&D Pre-Delivery[] Partial thromboplastin timeSTAT For 1 Occurrences, L&D Pre-Delivery[] Prothrombin time with INRSTAT For 1 Occurrences, L&D Pre-Delivery		STAT For 1 Occurrences, L&D Pre-Delivery
[] Partial thromboplastin time       STAT For 1 Occurrences, L&D Pre-Delivery         [] Prothrombin time with INR       STAT For 1 Occurrences, L&D Pre-Delivery		STAT For 1 Occurrences, L&D Pre-Delivery
Image: Prothrombin time with INR         STAT For 1 Occurrences, L&D Pre-Delivery		STAT For 1 Occurrences, L&D Pre-Delivery
	[] Partial thromboplastin time	STAT For 1 Occurrences, L&D Pre-Delivery
[] TSH STAT For 1 Occurrences, L&D Pre-Delivery		
	[] TSH	STAT For 1 Occurrences, L&D Pre-Delivery

#### Labs HMSTJ

[] Blood gas, arterial, cord	Once, L&D Pre-Delivery
[] Blood gas, venous, cord	Once, L&D Pre-Delivery
[] Rubella antibody, IgG	Once, L&D Pre-Delivery
[] Surgical pathology request	Collection Date: 9/17/2020
	Collection Time:
	Surgical Specimen:
	Gestational Age:
	Specimen Site:
	Number of specimens:
	Malignancy:
	Irradiation:
	Specimen Status:
	Chemotherapy:
	Hormonal Therapy:
	Clinical History:
	Pre-Operative Diagnosis:
	Procedure Type:
	L&D Pre-Delivery
[] Urine drugs of abuse screen	Once, L&D Pre-Delivery
[] OB MAG Panel	
Instead of using LAB4120, this order panel	uses LAB276.
[] Bedside glucose	Routine, Every hour, L&D Pre-Delivery
[] CBC with differential	Once, L&D Pre-Delivery

AM draw repeats For 3 Occurrences, L&D Pre-Delivery

[] CBC with platelet and differential

[] Basic metabolic panel	Once, L&D Post-Delivery
[] HIV 1, 2 antibody	Once, L&D Pre-Delivery
[] Hepatitis B surface antigen	Once, L&D Pre-Delivery
[] Syphilis total antibody	Once, L&D Pre-Delivery
[] Type and Screen, Obstetrical Patient	Once, L&D Pre-Delivery
[] Urine dipstick	Once, L&D Pre-Delivery
[] Urinalysis screen and microscopy, with	Once
reflex to culture	Specimen Source: Urine
	Specimen Site:
	L&D Pre-Delivery
[] Pre-Eclamptic Lab Panel	
[] CBC with differential	Once, L&D Pre-Delivery
[] Comprehensive metabolic panel	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
[] Uric acid	Once, L&D Pre-Delivery
[] LDH	Once, L&D Pre-Delivery
[] Urine Protein and Creatinine	
[] Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Fetal Demise Panel	
[] Antibody screen (gel)	Once
[] Antithrombin III level	Once, L&D Pre-Delivery
[] Cardiolipin antibodies	Once, L&D Pre-Delivery
[] Factor V leiden by PCR	Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
[] Hemoglobin A1c	Once
[] Homocystine, plasma	Once, L&D Pre-Delivery
[] Kleihauer-Betke	Once
[] Lupus anticoagulant panel	Once, L&D Pre-Delivery
[] Parvovirus B19 antibody, IgG and IgM	Once, L&D Pre-Delivery
[] Prothrombin mutation, factor II, by PCR	Once, L&D Pre-Delivery
[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] TSH	Once, L&D Pre-Delivery

#### Labs HMTW

[] Blood gas, arterial, cord	Once, L&D Pre-Delivery
[] Blood gas, venous, cord	Once, L&D Pre-Delivery
[] Rubella antibody, IgG	Once, L&D Pre-Delivery
[] Surgical pathology request	Collection Date: 9/17/2020
	Collection Time:
	Surgical Specimen:
	Gestational Age:
	Specimen Site:
	Number of specimens:
	Malignancy:
	Irradiation:
	Specimen Status:
	Chemotherapy:
	Hormonal Therapy:
	Clinical History:
	Pre-Operative Diagnosis:
	Procedure Type:
	L&D Pre-Delivery
[] Urine drugs of abuse screen	Once, L&D Pre-Delivery
[] Bedside glucose	Routine, Once, L&D Pre-Delivery
[] OB MAG Panel	
[] Bedside glucose	Routine, Every hour, L&D Pre-Delivery
-	

[] CBC with differential	Once, L&D Pre-Delivery
[] CBC with platelet and differential	AM draw repeats For 3 Occurrences, L&D Pre-Delivery
[] Basic metabolic panel	Once, L&D Pre-Delivery
[] Hepatitis B surface antigen	Once, L&D Pre-Delivery
[] HIV 1, 2 antibody	Once, L&D Pre-Delivery
[] Syphilis total antibody	Once, L&D Pre-Delivery
[] Type and Screen, Obstetrical Patient	Once, L&D Pre-Delivery
[] Urinalysis screen and microscopy, with	Once
reflex to culture	Specimen Source: Urine
	Specimen Site:
	L&D Pre-Delivery
[] POC urinalysis dipstick	Once For 1 Occurrences, L&D Pre-Delivery
[] Pre-Eclamptic Lab Panel	
[] CBC with differential	Once, L&D Pre-Delivery
[] Comprehensive metabolic panel	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
[] Uric acid	Once, L&D Pre-Delivery
[] LDH	Once, L&D Pre-Delivery
[] Urine Protein and Creatinine	
[] Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Fetal Demise Panel	
[] Antibody screen (gel)	Once
[] Antithrombin III level	Once, L&D Pre-Delivery
[] Cardiolipin antibodies	Once, L&D Pre-Delivery
[] Factor V leiden by PCR	Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
[] Hemoglobin A1c	Once
[] Homocystine, plasma	Once, L&D Pre-Delivery
[] Kleihauer-Betke	Once
[] Lupus anticoagulant panel	Once, L&D Pre-Delivery
[] Parvovirus B19 antibody, IgG and IgM	Once, L&D Pre-Delivery
[] Prothrombin mutation, factor II, by PCR	Once, L&D Pre-Delivery
[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] TSH	Once, L&D Pre-Delivery

#### Labs HMWB

[] Rubella antibody, IgG	Once, L&D Pre-Delivery	
[] Surgical pathology request	Collection Date: 9/17/2020	
	Collection Time:	
	Surgical Specimen:	
	Gestational Age:	
	Specimen Site:	
	Number of specimens:	
	Malignancy:	
	Irradiation:	
	Specimen Status:	
	Chemotherapy:	
	Hormonal Therapy:	
	Clinical History:	
	Pre-Operative Diagnosis:	
	Procedure Type:	
	L&D Pre-Delivery	
[] Urine drugs of abuse screen	Once, L&D Pre-Delivery	
] Bedside glucose	Routine, Once, L&D Pre-Delivery	
] OB Panel		

[] Bedside glucose

[] CBC with differential	Once, L&D Pre-Delivery
[] CBC with platelet and differential	AM draw repeats For 3 Occurrences, L&D Pre-Delivery
[] Basic metabolic panel	Once, L&D Pre-Delivery
[] HIV 1, 2 antibody	Once, L&D Pre-Delivery
[] Hepatitis B surface antigen	Once, L&D Pre-Delivery
[] Syphilis treponema screen with RPR	Once, L&D Pre-Delivery
confirmation (reverse algorithm)	
[] Type and Screen, Obstetrical Patient	Once, L&D Pre-Delivery
[] Urine dipstick	Once, L&D Pre-Delivery
[] Urinalysis screen and microscopy, with	Once
reflex to culture	Specimen Source: Urine
	Specimen Site:
	L&D Pre-Delivery
Pre-Eclamptic Lab Panel	
[] CBC with differential	Once, L&D Pre-Delivery
[] Comprehensive metabolic panel	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
[] Uric acid	Once, L&D Pre-Delivery
[] LDH	Once, L&D Pre-Delivery
[] Urine Protein and Creatinine	
[] Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
Fetal Demise Panel	
[] Antibody screen (gel)	Once
[] Antithrombin III level	Once, L&D Pre-Delivery
[] Cardiolipin antibodies	Once, L&D Pre-Delivery
[] Factor V leiden by PCR	Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
[] Hemoglobin A1c	Once
[] Homocystine, plasma	Once, L&D Pre-Delivery
[] Kleihauer-Betke	Once
[] Lupus anticoagulant panel	Once, L&D Pre-Delivery
[] Parvovirus B19 antibody, IgG and IgM	Once, L&D Pre-Delivery
[] Prothrombin mutation, factor II, by PCR	Once, L&D Pre-Delivery
[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] TSH	Once, L&D Pre-Delivery

#### Bedside glucose

[] Bedside glucose - every 1 hour	Routine, Every hour, Starting S For Until specified
[] Bedside glucose - every 2 hours	Routine, Every 2 hours, Starting S For Until specified
[] Bedside glucose - every 4 hours	Routine, Every 4 hours, Starting S For Until specified

#### Microbiology

[] Wet prep	Once For 1 Occurrences, L&D Pre-Delivery
[] POC wet mount, vaginal	Once For 1 Occurrences, L&D Pre-Delivery
[] KOH prep	Once For 1 Occurrences, L&D Pre-Delivery
[] Urinalysis screen and microscopy, with reflex to culture	Once For 1 Occurrences Specimen Source: Urine Specimen Site: L&D Pre-Delivery

#### 24 Hour urine

[] 2	24 Hour urine	
[] []	Creatinine clearance, urine, 24 hour	Once, L&D Pre-Delivery
[] []	Protein, urine, 24 hour	Once, L&D Pre-Delivery

Urine Creatinine and Protein	
[] Urine Protein and Creatinine	
[] Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
STI Screen	
[] Sexually Transmitted Infections	
[] Chlamydia trachomatis by PCR	Once
	Urine is the only acceptable source for patients less than or equal to 13
	years old. Specimen source: Urine
	Specimen Source: Specimen Site:
	L&D Pre-Delivery
[] Neisseria gonorrhoeae by PCR	Once
	Urine is the only acceptable source for patients less than or equal to 13
	years old. Specimen source: Urine
	Specimen Source:
	Specimen Site: L&D Pre-Delivery
	Lad Fle-Delivery
Magnesium and D-dimer	
[] D-dimer	Once, L&D Pre-Delivery
[] Magnesium level	Once, L&D Pre-Delivery
Conquita	
Consults	
For Physician Consult orders use sidebar	
Physician Consults	
Physician Consults [] Consult Anesthesiology	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/Clinical information communicated? Patient/clinical information communicated?
[] Consult Anesthesiology	Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
	Patient/Clinical information communicated? Patient/clinical information communicated?
[] Consult Anesthesiology	Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
[] Consult Anesthesiology         [] Consult Maternal and Fetal Medicine	Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
[] Consult Anesthesiology	Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult?
[] Consult Anesthesiology         [] Consult Maternal and Fetal Medicine	Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated?
[] Consult Anesthesiology         [] Consult Maternal and Fetal Medicine	Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated? Patient/Clinical information communicated?
[] Consult Anesthesiology         [] Consult Maternal and Fetal Medicine	Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated?
[] Consult Anesthesiology         [] Consult Maternal and Fetal Medicine	Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated? Patient/Clinical information communicated?
[] Consult Anesthesiology         [] Consult Maternal and Fetal Medicine         [] Consult Neonatology	Patient/Clinical information communicated?         Patient/clinical information communicated?         L&D Pre-Delivery         Reason for Consult?         Patient/Clinical information communicated?         Patient/clinical information communicated?         L&D Pre-Delivery         Reason for Consult?         Patient/Clinical information communicated?         L&D Pre-Delivery         Reason for Consult?         Patient/Clinical information communicated?         Patient/Clinical information communicated?         Patient/clinical information communicated?         L&D Pre-Delivery         Reasons for referral to Physical Therapy (mark all applicable):
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