OB Magnesium Sulfate Preeclampsia Admission [1469]

General	
Admission Orders (Single Response) (Selection In Do not use Outpatient Observation Services Under TRIAGE services.	Required) er General Supervision order for patients who are receiving Outpatient
X) Admit to L&D	Admitting Physician: Diagnosis: Pregnancy Bed request comments: L&D Pre-Delivery
Outpatient observation services under general supervision	Diagnosis: 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:
[1] Consult to Cooled World	Enter call back number: Reason for Consult:
[] Consult to Social Work	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 suspect Tuberculosis, please order this test for rapid diagnostics. 	Once, Sputum, L&D Pre-Delivery
] 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	
] Acidosis	L&D Pre-Delivery
Acute Post-Hemorrhagic Anemia	L&D Pre-Delivery
] Acute Renal Failure	L&D Pre-Delivery

1 Acute	Respiratory Failure	L&D Pre-Delivery
	Thromboembolism of Deep Veins of Lower	L&D Pre-Delivery
Extre		Edd 116-belivery
] Anem		L&D Pre-Delivery
] Bacte		L&D Pre-Delivery
	ar disorder, unspecified	L&D Pre-Delivery
	ac Arrest	L&D Pre-Delivery
	ac Dysrhythmia	L&D Pre-Delivery
	ogenic Shock	L&D Pre-Delivery
	pitus Ulcer	L&D Pre-Delivery
	entia in Conditions Classified Elsewhere	L&D Pre-Delivery
-	der of Liver	L&D Pre-Delivery
	olyte and Fluid Disorder	L&D Pre-Delivery
-	inal Infection due to Clostridium Difficile	•
-		L&D Pre-Delivery
	cillin Resistant Staphylococcus Aureus Infection uctive Chronic Bronchitis with Exacerbation	L&D Pre-Delivery
		L&D Pre-Delivery
	Alteration of Consciousness	L&D Pre-Delivery
	and Unspecified Coagulation Defects	L&D Pre-Delivery
	Pulmonary Embolism and Infarction	L&D Pre-Delivery
	itis and Thrombophlebitis	L&D Pre-Delivery
	n-calorie Malnutrition	L&D Pre-Delivery
	nosis, unspecified psychosis type	L&D Pre-Delivery
-	ophrenia Disorder	L&D Pre-Delivery
] Sepsi		L&D Pre-Delivery
	c Shock	L&D Pre-Delivery
] Seption		L&D Pre-Delivery
	II or Unspecified Type Diabetes Mellitus with on of Complication, Not Stated as Uncontrolled	L&D Pre-Delivery
1 11.5		
	ry Tract Infection, Site Not Specified	L&D Pre-Delivery
[] Prese	nt on Admission-History of preterm premature	L&D Pre-Delivery L&D Pre-Delivery
[] Prese		
] Prese ruptur	ent on Admission-History of preterm premature e of membranes	· · ·
Prese ruptur	ent on Admission-History of preterm premature re of membranes	· · ·
Prese ruptur Nursin Vital Sigr	ent on Admission-History of preterm premature re of membranes	· · ·
Prese ruptur Vursin Vital Sigr	ent on Admission-History of preterm premature re of membranes	L&D Pre-Delivery Routine, Until discontinued, Starting S
Prese ruptur Vursin Vital Sigr	ent on Admission-History of preterm premature re of membranes	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hor
Prese ruptur Nursin Vital Sigr	ent on Admission-History of preterm premature re of membranes	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hours or as based on patient acuity/physician order. Notify physician
Prese ruptur Nursing /ital Sigr X] Neuro	ent on Admission-History of preterm premature re of membranes G o checks	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hours or as based on patient acuity/physician order. Notify physician decrease or change in level of consciousness.
Prese ruptur Nursing /ital Sigr X] Neuro	ent on Admission-History of preterm premature re of membranes	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hour or as based on patient acuity/physician order. Notify physicifor decrease or change in level of consciousness. Routine, Every 2 hours For 999 Occurrences
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Prese ruptur Nursing /ital Sigr X] Neuro	ent on Admission-History of preterm premature re of membranes G o checks	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hor or as based on patient acuity/physician order. Notify physic for decrease or change in level of consciousness. Routine, Every 2 hours For 999 Occurrences Current FIO2 or Room Air: Monitor continuously throughout loading dose and then spo
Prese ruptur Nursing /ital Sigr X] Neuro	ent on Admission-History of preterm premature re of membranes G o checks	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hor or as based on patient acuity/physician order. Notify physic for decrease or change in level of consciousness. Routine, Every 2 hours For 999 Occurrences Current FIO2 or Room Air: Monitor continuously throughout loading dose and then spocheck every 2 hours while assessing maternal respiratory
Prese ruptur Nursing /ital Sigr X] Neuro	ent on Admission-History of preterm premature re of membranes G ns o checks oximetry	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hor or as based on patient acuity/physician order. Notify physici for decrease or change in level of consciousness. Routine, Every 2 hours For 999 Occurrences Current FIO2 or Room Air: Monitor continuously throughout loading dose and then spo check every 2 hours while assessing maternal respiratory effort and breath sounds. Notify MD if SaO2 is less than 94
Prese ruptur Nursing /ital Sigr X] Neuro	ent on Admission-History of preterm premature re of membranes G o checks	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hou or as based on patient acuity/physician order. Notify physici for decrease or change in level of consciousness. Routine, Every 2 hours For 999 Occurrences Current FIO2 or Room Air: Monitor continuously throughout loading dose and then spo check every 2 hours while assessing maternal respiratory effort and breath sounds. Notify MD if SaO2 is less than 94 Routine, Every 5 min
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Prese ruptur Nursing /ital Sigr X] Neuro	ent on Admission-History of preterm premature re of membranes G ns o checks oximetry	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hor or as based on patient acuity/physician order. Notify physic for decrease or change in level of consciousness. Routine, Every 2 hours For 999 Occurrences Current FIO2 or Room Air: Monitor continuously throughout loading dose and then spot check every 2 hours while assessing maternal respiratory effort and breath sounds. Notify MD if SaO2 is less than 94 Routine, Every 5 min B/R/BP only every 5 minutes during initiation of loading dost then every 15 minutes x 3, then every 30 minutes x 2, then
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Prese ruptur Nursing /ital Sigr X] Neuro X] Pulse	ent on Admission-History of preterm premature re of membranes G ns o checks oximetry	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hor or as based on patient acuity/physician order. Notify physic for decrease or change in level of consciousness. Routine, Every 2 hours For 999 Occurrences Current FIO2 or Room Air: Monitor continuously throughout loading dose and then spot check every 2 hours while assessing maternal respiratory effort and breath sounds. Notify MD if SaO2 is less than 94 Routine, Every 5 min B/R/BP only every 5 minutes during initiation of loading dost then every 15 minutes x 3, then every 30 minutes x 2, then
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Prese ruptur Nursing Vital Sign X] Neuro X] Pulse X] Vital s Activity] Strict	ent on Admission-History of preterm premature re of membranes g ns o checks oximetry signs - T/P/R/BP	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hou or as based on patient acuity/physician order. Notify physici for decrease or change in level of consciousness. Routine, Every 2 hours For 999 Occurrences Current FIO2 or Room Air: Monitor continuously throughout loading dose and then spo check every 2 hours while assessing maternal respiratory effort and breath sounds. Notify MD if SaO2 is less than 94' Routine, Every 5 min B/R/BP only every 5 minutes during initiation of loading dos then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hour, or as based on patient acuity/physician order.
Prese ruptur Nursing Vital Sign X] Neuro X] Pulse X] Vital s Activity] Strict	ent on Admission-History of preterm premature re of membranes Gens o checks oximetry signs - T/P/R/BP	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hor or as based on patient acuity/physician order. Notify physic for decrease or change in level of consciousness. Routine, Every 2 hours For 999 Occurrences Current FIO2 or Room Air: Monitor continuously throughout loading dose and then spotcheck every 2 hours while assessing maternal respiratory effort and breath sounds. Notify MD if SaO2 is less than 94 Routine, Every 5 min B/R/BP only every 5 minutes during initiation of loading dost then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hour, or as based on patient acuity/physician order.
Preserve ruptur Nursing Vital Sign X] Neuro X] Pulse X] Vital s Activity [] Strict X] Bed re	ent on Admission-History of preterm premature re of membranes Gens o checks oximetry signs - T/P/R/BP	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hou or as based on patient acuity/physician order. Notify physici for decrease or change in level of consciousness. Routine, Every 2 hours For 999 Occurrences Current FIO2 or Room Air: Monitor continuously throughout loading dose and then spot check every 2 hours while assessing maternal respiratory effort and breath sounds. Notify MD if SaO2 is less than 94' Routine, Every 5 min B/R/BP only every 5 minutes during initiation of loading dost then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hour, or as based on patient acuity/physician order. Routine, Until discontinued, Starting S Routine, Until discontinued, Starting S
Prese ruptur Nursing Vital Sigr X] Neuro X] Pulse X] Vital s Activity [] Strict X] Bed re	ent on Admission-History of preterm premature re of membranes consequence of membranes consequ	Routine, Until discontinued, Starting S Every 5 minutes during initiation of loading dose, then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hou or as based on patient acuity/physician order. Notify physici for decrease or change in level of consciousness. Routine, Every 2 hours For 999 Occurrences Current FIO2 or Room Air: Monitor continuously throughout loading dose and then spo check every 2 hours while assessing maternal respiratory effort and breath sounds. Notify MD if SaO2 is less than 94° Routine, Every 5 min B/R/BP only every 5 minutes during initiation of loading dos then every 15 minutes x 3, then every 30 minutes x 2, then every 1 hour, or as based on patient acuity/physician order. Routine, Until discontinued, Starting S Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges

[X] Assess breath sounds	Routine, Every 2 hours Assess: breath sounds Maternal respiratory effort and breath sounds every 2 hours, or if stable, every four hours while awake per physician orders. Notify physician for shortness of breath or tightness in chest.
[X] Assess deep tendon reflex	Routine, Every 2 hours, Starting S with First Occurrence Include Now Monitor and document. Acquire a baseline measurement prior to infusion therapy, then monitor every 2-4 hours or per physician order. Notify physician for decreased or absent deep tendon reflexes.
[X] Monitor fetal heart tones	Routine, Once Type: Continuous
[] Sterile vaginal exam	Routine, Once For 1 Occurrences, L&D Post-Delivery
[] Monitor fetal heart tones	Routine, Every shift Type: For 1 hour every shift, L&D Post-Delivery
[] Monitor fetal heart tones	Routine, Daily Type: Every day with Doppler, L&D Pre-Delivery
[] Monitor fetal heart tones	Routine, Continuous Type: Add Heart tones by Doppler (like Antepartum), L&D Pre-Delivery
[] Fetal nonstress test	Routine, Every shift, L&D Pre-Delivery
[] Tocometry	Routine, Continuous For Until specified Type: L&D Post-Delivery
[] Daily weights	Routine, Daily, L&D Pre-Delivery
[] Toileting - Bedside commode	Routine, Until discontinued, Starting S For Until specified Specify: L&D Pre-Delivery
[X] Strict intake and output	Routine, Every hour
[X] Limit total IV fluid intake to 125 cc/hr	Routine, Until discontinued, Starting S
[X] Insert and maintain Foley	
[X] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
[X] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
Diet	
[] NPO	Diet effective now, Starting S NPO: 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
Notify	

[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: Respiratory rate less than: 12 SpO2 less than:
[X] Notify Physician for magnesium	Routine, Until discontinued, Starting S BUN greater than: Creatinine greater than: Glucose greater than: Glucose less than: Hct less than: Hgb less than: LDL greater than: Magnesium greater than (mg/dL): 8.4 Magnesium less than (mg/dL): 4.2 Platelets less than: Potassium greater than (mEq/L): Potassium greater than: PT/INR greater than: PT/INR less than: PTT greater than: PTT greater than: Serum Osmolality greater than: Serum Osmolality less than: Sodium greater than: Sodium less than: WBC greater than: Other Lab (Specify):
IV Fluids	
[X] lactated Ringer's infusion	75 mL/hr, intravenous, continuous
Medications	
Magnesium Sulfate (Single Response)	
() magnesium sulfate 6 gm Loading and Maintenan Infusion	
DISCONTINUE INFUSION IF SYMPTOMS OF N	MAGNESIUM TOXICITY ARE PRESENT.
[] Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate, oliguria (less than 30 mililiters/hour), shortness of breath or tightness in chest	Routine, Until discontinued, Starting S, L&D Pre-Delivery
[] Magnesium level	Once After loading dose (MD to enter repeat order information), L&D Pre-Delivery
[] Magnesium level	Once (MD to enter repeat order information)
[] magnesium sulfate 6 gm IV Loading Dose + Maintenance infusion	"Followed by" Linked Panel

[1] Londing Door manuscium sulfate Courses	C. v. introveneus for 20 Minutes, energ For 4 Deces
[] Loading Dose - magnesium sulfate 6 grams IV bolus from bag	6 g, intravenous, for 30 Minutes, once, For 1 Doses Loading Dose - Bolus from Bag
[] Maintenance Dose - magnesium sulfate IV	intravenous, continuous, Starting H+30 Minutes, L&D Pre-Delivery
(X) magnesium sulfate 4 gm Loading and Maintenand Infusion	ce
DISCONTINUE INFUSION IF SYMPTOMS OF M	IAGNESIUM TOXICITY ARE PRESENT.
[X] Monitor for signs/symptoms of Magnesium Toxicity: decreased or absent DTRs, decreased or changes in level of consciousness, decreased respiratory rate, oliguria (less than 35 milliliters/hour), shortness of breath or tightness in chest	Routine, Until discontinued, Starting S, L&D Pre-Delivery
[] Magnesium level	Once After loading dose (MD to enter repeat order information), L&D Pre-Delivery
[] Magnesium level	Once (MD to enter repeat order information), L&D Pre-Delivery
[X] magnesium sulfate 4 gm IV Loading Dose + Maintenance infusion	"Followed by" Linked Panel
[X] Loading Dose - magnesium sulfate 4 grams IV bolus from bag	4 g, intravenous, for 30 Minutes, once, For 1 Doses Loading Dose - Bolus from Bag
[X] Maintenance Dose - magnesium sulfate IV	intravenous, continuous, Starting H+30 Minutes, L&D Pre-Delivery
Corticosteroids (Single Response)	
() betamethasone acetate & sodium phosphate (CELESTONE) injection	12 mg, intramuscular, once, For 1 Doses, L&D Pre-Delivery
() betamethasone acetate & sodium phosphate (CELESTONE) injection	12 mg, intramuscular, every 12 hours, For 2 Doses, L&D Pre-Delivery
() betamethasone acetate & sodium phosphate (CELESTONE) injection	12 mg, intramuscular, every 24 hours, For 2 Doses, L&D Pre-Delivery
Rescue Agents	
[X] calcium gluconate injection	1 g, intravenous, once PRN, rescue agent Administer for respirations less than 12 breaths per minute and call MD. Calcium GLUCONATE 1 gm = 4.65 MEQ
Pre-Delivery	
[] prenatal multivitamin 29 mg iron- 1 mg tablet	1 tablet, oral, daily, L&D Pre-Delivery
[] ferrous sulfate tablet	325 mg, oral, daily, L&D Pre-Delivery
PRN Medications	
[X] PRN Antipyretics	
[X] acetaminophen (TYLENOL) tablet	oral, every 6 hours PRN, fever, for temperature GREATER than 100.4, L&D Pre-Delivery
[X] PRN Gastrointestinal Care	
[] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, nightly PRN, constipation, L&D Pre-Delivery
[] docusate sodium (COLACE) capsule	100 mg, 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, oral, every 3 hours PRN, indigestion, L&D Pre-Delivery
[X] Antiemetics [X] ondansetron (ZOFRAN) IV or Oral (Selection F	Required) "Or" Linked Panel
[X] ondansetron (ZOFRAN) IV of Oral (Selection F [X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, L&D Pre-Delivery Give if patient is UNable to tolerate oral medication OR if a faster onset
	of action is required.

[] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, L&D
- (Pre-Delivery
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
	tolerate oral or rectal medication OR if a faster onset of action is
	required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, L&D Pre-Deliver
	Give if ondansetron (ZOFRAN) is ineffective and patient is able to
	tolerate oral medication.
[] promethazine (PHENERGAN) suppository	
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
DDN Antibymartanaiyaa	tolerate oral medication.
PRN Antihypertensives	200 mg, aral 2 times daily DDN, high blood pressure 1.8D Drs Daliyar
[] For blood pressure GREATER than or EQUAL to 160mmHg - labetalol	200 mg, oral, 2 times daily PRN, high blood pressure, L&D Pre-Deliver For Systolic blood pressure GREATER than or EQUAL to 160mmHg.
(NORMODYNE) tablet	DO NOT give incremental dosing as this will compromise fetal circulation
(NOTAVIOD FINE) tablet	HOLD parameters for this order:
	Contact Physician if: Systolic BP GREATER than 160mmHg and Diast
	BP GREATER than 110 mmHg
hydrALAZINE (APRESOLINE) tablet	5 mg, oral, every 6 hours PRN, high blood pressure, L&D Pre-Delivery
, , , , , , , , , , , , , , , , , , , ,	For blood pressure GREATER than 160 mmHg. DO NOT give
	incremental dosing as this will compromise fetal circulation.
	HOLD parameters for this order:
	Contact Physician if:
PRN Severe Hypertension (Single Response)	
() NIFEdipine (PROCARDIA) capsule	10 mg, oral, once PRN, high blood pressure, for severe BP elevations
	15 min or more. Recheck BP in 15 min., L&D Pre-Delivery
	HOLD parameters for this order:
	Contact Physician if: Systolic BP GREATER than 160 mmHg or Diasto
()	BP GREATER than 110 mmHg.
() labetalol (NORMODYNE,TRANDATE)	20 mg, intravenous, once PRN, high blood pressure, for severe blood
injection	pressure elevation (Systolic BP GREATER than or EQUAL to 160 mm persisting for 15 minutes or more., For 1 Doses, L&D Pre-Delivery
	Give IV Push over 2 minutes. Repeat BP measurements in 10 minutes
	and record results.
	Contact Physician if: For Systolic BP GREATER than 160 mmHg or
	Diastolic BP GREAER than 110mmHg.
() hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, once PRN, high blood pressure, over more than 2
· · · · · · · · · · · · · · · · · · ·	minutes for severe BP elevations of 15 minutes or more. Recheck BF
	20 minutes., L&D Pre-Delivery
	HOLD parameters for this order:
	Contact Physician if: Systolic BP GREATR than 160 mmHg or Diastolic
	BP GREATER than 110 mmHg.
Insomnia	Face and winds BBN street LOD B - B - B
[X] zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, L&D Pre-Delivery
re-	
ΓE	
T Risk and Prophylaxis Tool (Single Respo	
· · · · · · · · · · · · · · · · · · ·	URL: "\appt1.pdf"
	peutic Routine, Once
Patient currently has an active order for therap	· ·- · · · · · · · · · · · · · · · · ·
Patient currently has an active order for therapanticoagulant or VTE prophylaxis	
Patient currently has an active order for therapanticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is
	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
	No pharmacologic VTE prophylaxis because: patient is
anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
anticoagulant or VTE prophylaxis 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 of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
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() 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

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	hylaxis "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)	onse)
() 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 3 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 3 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicati Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LES 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:
[] Mechanical Prophylaxis (Single Response) (Single Response)	Selection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) MODERATE Risk of DVT - Non-Surgical (Select Required)	otion
Moderate Rick 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, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	
 () Contraindications exist for pharmacologic proportion Order Sequential compression device 	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() 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 CrCl 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 30 mL/min

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() HIGH Risk of DVT - Surgical (Selection Required)	
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgice (Single Response) (Selection Required)	al Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
() 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, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() HIGH Risk of DVT - Non-Surgical (Selection Requi	red)
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	urgical
() 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 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 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	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
Address both pharmacologic and mechanical pro	inhilavie hij ordering from Pharmacological and Mechanical Prophilavie
, 5	phylaxis by ordering from a narmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	phylaxis by ordering norm mannacological and Mechanical Prophylaxis.
	Routine, Once
High Risk (Selection Required)	Routine, Once or Knee
 High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Response 	Routine, Once or Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following
 High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) Contraindications exist for pharmacologic 	Routine, Once or Knee se) Routine, Once
 High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet 	Routine, Once or Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1
 High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet 	Routine, Once or Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications:
 High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet 	Routine, Once or Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
 High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Res 	Routine, Once or Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
 High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	Routine, Once or Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
 High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Response (Selection Required) Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Research (Selection Required) enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	Routine, Once or Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
 High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe 	Routine, Once or Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1

()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
DVT F	Risk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
	atient currently has an active order for therapeuti ticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() LC	DW Risk of DVT (Selection Required)	
	w Risk Definition	
Αg	ge less than 60 years and NO other VTE risk fac	tors
	,	
[1]	Low Dick (Single Despense) (Selection Dequire	1)
	Low Risk (Single Response) (Selection Require	d)
' ()	Low Risk (Single Response) (Selection Require Low risk of VTE	
()		Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
()	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() M	Low risk of VTE ODERATE Risk of DVT - Surgical (Selection Rec	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() M() M() Ph	Low risk of VTE ODERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() Mill Mill Mill Coo Ori Ch	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: THF, MI, lung disease, pneumonia, active inflammore, rheumatologic disease, sickle cell disease, ge 60 and above	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired)
() Me Me Pr CO Or Cr str Aç	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammore, rheumatologic disease, sickle cell disease, ge 60 and above entral line	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
() Me Me Pr co Or Cr str Ag Ce Hi	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, ge 60 and above entral line story of DVT or family history of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() Model of the control of the contr	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammore, rheumatologic disease, sickle cell disease, ge 60 and above central line story of DVT or family history of VTE naticipated length of stay GREATER than 48 hour	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() Min	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, ge 60 and above entral line story of DVT or family history of VTE inticipated length of stay GREATER than 48 hourses than fully and independently ambulatory	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() Min	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, ge 60 and above entral line story of DVT or family history of VTE inticipated length of stay GREATER than 48 hourses than fully and independently ambulatory strogen therapy	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() M ⁴ MM Pr co Or Cr str Aç Ce Hi Ar Le Es	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, pe 60 and above entral line story of DVT or family history of VTE inticipated length of stay GREATER than 48 hours than fully and independently ambulatory strogen therapy oderate or major surgery (not for cancer)	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() M ⁴ MM Pr co Or Cr str Aç Ce Hi Ar Le Es	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, ge 60 and above entral line story of DVT or family history of VTE inticipated length of stay GREATER than 48 hourses than fully and independently ambulatory strogen therapy	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() M ⁰ MM Pr co Or Cr str Aç Ce Hi Ar Le Es	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, pe 60 and above entral line story of DVT or family history of VTE inticipated length of stay GREATER than 48 hours than fully and independently ambulatory strogen therapy oderate or major surgery (not for cancer)	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() M ⁰ MM Pr co Or Cr str Aç Ce Hi Ar Le Es	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, ge 60 and above entral line story of DVT or family history of VTE naticipated length of stay GREATER than 48 hours as than fully and independently ambulatory strogen therapy or derate or major surgery (not for cancer) agor surgery within 3 months of admission	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
() M ⁰ MM Pr co Or Cr str Aç Ce Hi Ar Le Es	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, ge 60 and above entral line story of DVT or family history of VTE naticipated length of stay GREATER than 48 hours as than fully and independently ambulatory entrogen therapy or derate or major surgery (not for cancer) agor surgery within 3 months of admission	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome s
() M ⁰ MM Pr co Or Cr str Aç Ce Hi Ar Le Es	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammatoke, rheumatologic disease, sickle cell disease, ge 60 and above entral line story of DVT or family history of VTE naticipated length of stay GREATER than 48 hourses than fully and independently ambulatory strogen therapy oderate or major surgery (not for cancer) ajor surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is attion, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome s Routine, Once
() M ⁰ MM Pr co Or Cr str Aç Ce Hi Ar Le Es	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: The MI, lung disease, pneumonia, active inflammoke, rheumatologic disease, sickle cell disease, ge 60 and above entral line story of DVT or family history of VTE naticipated length of stay GREATER than 48 hourses than fully and independently ambulatory strogen therapy oderate or major surgery (not for cancer) ajor surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Selection Required of the properties of the prophylaxis - Selection Required of the prophylaxis - Selection Req	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is lation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once lurgical
() M ⁰ MM Pr co Or Cr str Aç Ce Hi Ar Le Es	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammore, roke, rheumatologic disease, sickle cell disease, ge 60 and above entral line story of DVT or family history of VTE naticipated length of stay GREATER than 48 hours strongen therapy or surgery (not for cancer) agor surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Sepatient (Single Response) (Selection Required) Contraindications exist for pharmacologic properses	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is eation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once urgical
() Model Mod	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflammore, roke, rheumatologic disease, sickle cell disease, ge 60 and above entral line story of DVT or family history of VTE naticipated length of stay GREATER than 48 hours as than fully and independently ambulatory entrogen therapy or derate or major surgery (not for cancer) ajor surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Selection Required) Contraindications exist for pharmacologic proper BUT order Sequential compression device	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once urgical hylaxis "And" Linked Panel
() Model Mod	DDERATE Risk of DVT - Surgical (Selection Recoderate Risk Definition narmacologic prophylaxis must be addressed. Montraindicated. The or more of the following medical conditions: The MI, lung disease, pneumonia, active inflammone, roke, rheumatologic disease, sickle cell disease, ge 60 and above entral line story of DVT or family history of VTE atticipated length of stay GREATER than 48 hourses than fully and independently ambulatory entrogen therapy orderate or major surgery (not for cancer) ajor surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Selection Required) Contraindications exist for pharmacologic proper BUT order Sequential compression device	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation quired) echanical prophylaxis is optional unless pharmacologic is eation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once urgical

	Contraindications exist for pharmacologic proph AND mechanical prophylaxis	nylaxis "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 Response (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 CrCl GREATER than 30
()	fondaparinux (ARIXTRA) injection	mL/min 2.5 mg, subcutaneous, daily, Starting S+1
()	топцараппих (АКТАТКА) преспоп	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Red	DERATE Risk of DVT - Non-Surgical (Selection quired)	
Pha con One CHI stro Age Cer Hisi Ant Les Esti	traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamma	echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
<u> </u>	Moderate Risk (Selection Required)	
_	Moderate risk of VTE	Routine, Once
- N	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	on
()	Contraindications exist for pharmacologic proph 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 proph AND mechanical prophylaxis	ylaxis "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 Respo	nse)
	() 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 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
		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
	() heparin (porcine) injection	Thrombocytopenia (HIT): 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 than 50kg and age GREATER than 75yrs.
		oral, daily at 1700 Indication:
	(COUMADIN)	STAT, Until discontinued, Starting S Indication:
()	HIGH Risk of DVT - Surgical (Selection Required)	
	High Risk Definition Both pharmacologic AND mechanical prophylaxis m One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varian or protein S deficiency; hyperhomocysteinemia; mye 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	t mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	[] High Risk (Selection Required)	Douting Once
į	[] High Risk Pharmacological Prophylaxis - Surgica	Routine, Once I Patient
	prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	() enoxaparin (LOVENOX) injection (Single Respo	nse)
	() enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min	40 mg, subcutaneous, daily at 0600, Starting S+1 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, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Rick Definition	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min () fondaparinux (ARIXTRA) injection	mL/min 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
knee arthroplasty planned during this admission	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:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis () Place/Maintain sequential compression device continuous	No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
DVT Risk and Prophylaxis Tool (Single Response)	(Selection Required) URL: "\appt1.pdf"
() Patient currently has an active order for therapeuti 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)	1,
Low Risk Definition Age less than 60 years and NO other VTE risk fac	tors
[] Low Risk (Single Response) (Selection Require	ed)
() 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 Re	quired)
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
Age 60 and above Central line	
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory	rs ·
Estrogen therapy	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	

[] Madagata vials of V/TC	Doubling Once
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	
 () Contraindications exist for pharmacologic prop BUT order Sequential compression device 	ohylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "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)
() 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 CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
) MODERATE Risk of DVT - Non-Surgical (Selection	n

() Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate F	Risk (Selection Required)	
[] Moderate	risk of VTE	Routine, Once
	Risk Pharmacological Prophylaxis - cal Patient (Single Response) (Selecti	on
() Contraind	lications exist for pharmacologic propl quential compression device	hylaxis - "And" Linked Panel
	dications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	aintain sequential compression ontinuous	Routine, Continuous
	lications exist for pharmacologic propl hanical prophylaxis	hylaxis "And" Linked Panel
[] Contrain prophyla	dications exist for pharmacologic axis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contrain prophyla	dications exist for mechanical axis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
(Selection	in (LOVENOX) injection (Single Resp n Required)	
() enoxapa	rin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
	with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
	weight between 100-139 kg AND EATER 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
	weight 140 kg or GREATER AND EATER 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
	nux (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 (p	orcine) injection	5,000 Units, subcutaneous, every 8 hours
for patient	porcine) injection (Recommended ts with high risk of bleeding, e.g. 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
(COUMAI		STAT, Until discontinued, Starting S Indication:
	DVT - Surgical (Selection Required)	
High Risk Def Both pharmac One or more of Thrombophilia or protein S d Severe fractur Acute spinal Multiple major	finition cologic AND mechanical prophylaxis r of the following medical conditions: a (Factor V Leiden, prothrombin varial eficiency; hyperhomocysteinemia; my re of hip, pelvis or leg cord injury with paresis r traumas pelvic surgery for CANCER	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	
[] High risk	-	Routine, Once

[]	High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required)	al Patient
7)	Contraindications exist for pharmacologic	Routine, Once
()	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Resp (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	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
` '	,	Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
()	(COUMADIN)	Indication:
	Mechanical Prophylaxis (Single Response) (Sel-Required)	ection
()		Routine, Once
()	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
()		Routine, Continuous
()	device continuous	Troumo, Commucuo
) HI	GH Risk of DVT - Non-Surgical (Selection Requi	red)
	gh Risk Definition	1004)
	gri Nak Dellillion oth pharmacologic AND mechanical prophylaxis i	must be addressed
	ne or more of the following medical conditions:	must be addressed.
		nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	protein S deficiency; hyperhomocysteinemia; my	
	evere fracture of hip, pelvis or leg	y clopioliterative disorders)
	cute spinal cord injury with paresis	
	ultiple major traumas	
	odominal or pelvic surgery for CANCER	
	cute ischemic stroke	
	story of PE	
	,	
[]	High Risk (Selection Required)	
. [1]	High risk of VTE	Routine, Once
[]	High Risk Pharmacological Prophylaxis - Non-S	
	Patient (Single Response) (Selection Required)	a. g.ou.
()	Contraindications exist for pharmacologic	Routine, Once
()	prophylaxis	No pharmacologic VTE prophylaxis due to the following
	FF.17 (2000)	contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Resp	
()	(Selection Required)	01100)
_		40 mg, subcutaneous, daily at 1700, Starting S
1) enoxaparin (LOVENOX) syringe	

() 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 CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
Hinb Disk Definition	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip o	
(Arthroplasty) Surgical Patient (Single Respons	se)
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
	Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Res	sponse)
(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 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.
() 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
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
GREATER and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700, 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

Labs

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[] 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
D: 4 1 0/47/0000 4 0 00 444 6 0UD	

[] CBC with platelet and differential	AM draw repeats For 3 Days, L&D Pre-Delivery
[] CBC with differential	Once For 1 Occurrences, L&D Pre-Delivery
[] Bedside glucose	Routine, Every hour, L&D Pre-Delivery
[] OB Panel	
[] Bedside glucose	Routine, Once, L&D Pre-Delivery
[] Urine drugs of abuse screen	Once, L&D Pre-Delivery
	L&D Pre-Delivery
	Procedure Type:
	Pre-Operative Diagnosis:
	Clinical History:
	Chemotherapy: Hormonal Therapy:
	Specimen Status:
	Irradiation:
	Malignancy:
	Number of specimens:
	Specimen Site:
	Surgical Specimen: Gestational Age:
	Collection Time:
[] Surgical pathology request	Collection Date: 9/17/2020
[] Rubella antibody, IgG	Once, L&D Pre-Delivery
[] Blood gas, venous, cord	Once, L&D Pre-Delivery
Blood gas, arterial, cord	Once, L&D Pre-Delivery
Labs HMW, HMSL	
	•
[] TSH	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] Partial thromboplastin time	Once, L&D Pre-Delivery
[] Prothrombin mutation, factor II, by PCR	Once, L&D Pre-Delivery
[] Parvovirus B19 antibody, IgG and IgM	Once, L&D Pre-Delivery
[] Lupus anticoagulant panel	Once, L&D Pre-Delivery
	Once Once
[] Hemoglobin A1c [] Homocystine, plasma	Once Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
[] Factor V leiden by PCR	Once, L&D Pre-Delivery
[] Cardiolipin antibodies	Once, L&D Pre-Delivery
[] Antithrombin III level	Once, L&D Pre-Delivery
[] Antibody screen (gel)	Once
[] Fetal Demise Panel	
[] Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
[] Urine Protein and Creatinine	
[] LDH	Once, L&D Pre-Delivery
[] Uric acid	Once, L&D Pre-Delivery
[] Fibrinogen	Once, L&D Pre-Delivery
Partial thromboplastin time	Once, L&D Pre-Delivery
[] Prothrombin time with INR	Once, L&D Pre-Delivery
[] Comprehensive metabolic panel	Once, L&D Pre-Delivery
[] Pre-Eclamptic Lab Panel	Once, L&D Pre-Delivery
Des Felomentie Lab Den el	L&D Pre-Delivery
	Specimen Site:
reflex to culture	Specimen Source: Urine
[] Urinalysis screen and microscopy, with	Once
Urine dipstick	Once, L&D Pre-Delivery
[] Syphilis total antibody [] Type and Screen, Obstetrical Patient	Once For 1 Occurrences, L&D Pre-Delivery
[] HIV Ag/Ab combination	Once For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery
[1 LIIV/ A g/A b combination	Once For 4 Occurrences 1 9D Dre 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:
Des Calamentia Lab Danial	L&D Pre-Delivery
Pre-Eclamptic Lab Panel	0 10D D 11
[] 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 Once
<u></u>	·
[] 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
abs HMSJ	
Cord blood gas, arterial	STAT For 1 Occurrences, L&D Pre-Delivery
Cord blood goo yongyo	
	STAT For 1 Occurrences, L&D Pre-Delivery
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery Collection Date: 9/17/2020
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery Collection Date: 9/17/2020 Collection Time:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery Collection Date: 9/17/2020 Collection Time: Surgical Specimen:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery Collection Date: 9/17/2020 Collection Time: Surgical Specimen: Gestational Age:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery Collection Date: 9/17/2020 Collection Time: Surgical Specimen: Gestational Age: Specimen Site:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery Collection Date: 9/17/2020 Collection Time: Surgical Specimen: Gestational Age: Specimen Site: Number of specimens:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery Collection Date: 9/17/2020 Collection Time: Surgical Specimen: Gestational Age: Specimen Site: Number of specimens: Malignancy:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery Collection Date: 9/17/2020 Collection Time: Surgical Specimen: Gestational Age: Specimen Site: Number of specimens: Malignancy: Irradiation:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery Collection Date: 9/17/2020 Collection Time: Surgical Specimen: Gestational Age: Specimen Site: Number of specimens: Malignancy: Irradiation: Specimen Status:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery Collection Date: 9/17/2020 Collection Time: Surgical Specimen: Gestational Age: Specimen Site: Number of specimens: Malignancy: Irradiation: Specimen Status: Chemotherapy:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery Collection Date: 9/17/2020 Collection Time: Surgical Specimen: Gestational Age: Specimen Site: Number of specimens: Malignancy: Irradiation: Specimen Status: Chemotherapy: Hormonal Therapy:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery 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:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery 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:
Rubella antibody, IgG	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery 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:
Rubella antibody, IgG Surgical pathology request	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery 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
Rubella antibody, IgG Surgical pathology request Urine drugs of abuse screen	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery 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 STAT For 1 Occurrences, L&D Pre-Delivery
Rubella antibody, IgG Surgical pathology request	STAT For 1 Occurrences, L&D Pre-Delivery Once, L&D Pre-Delivery 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

[] 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
[] HIV 1, 2 antibody	Once
Syphilis total antibody	Once
[] Type and Screen, Obstetrical Patient	Once
[] Urinalysis screen and microscopy, with	Once
reflex to culture	Specimen Source: Urine
	Specimen Site:
[] 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	Chies Fer Fossarieness, East Fe Bentery
[] 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
	STAT For 1 Occurrences, L&D Pre-Delivery
[] TSH	STATE OF T Occurrences, Ead Fre-Delivery
Labs HMSTJ	
	0 1000 0 11
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	<u> </u>

nstead of using LAB4120, this order panel use	55 LAD210.
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 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 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	•
1 Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
etal 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
s HMTW	
Blood gas, arterial, cord	Once, L&D Pre-Delivery
Blood gas, venous, cord	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
reliex to culture	Specimen Site:
	L&D Pre-Delivery
[] POC urinalysis dipstick	Once For 1 Occurrences, L&D Pre-Delivery
Pre-Eclamptic Lab Panel	Office For Focusinations, Edd Fire Bellitery
[] 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
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[] 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
	Once, L&D Pre-Delivery
Homocystine, plasma 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
abs HMWB	
1 Rubella antibody IgG	Once I &D Pre-Delivery
Rubella antibody, IgG	Once, L&D Pre-Delivery

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[] 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, 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)	Office, Eab 1 to Bollvery
[] Type and Screen, Obstetrical Patient	Once, L&D Pre-Delivery
[] Urine dipstick	Once, L&D Pre-Delivery
	Once
[] Urinalysis screen and microscopy, with reflex to culture	*****
Tellex to culture	Specimen Source: Urine Specimen Site:
	L&D Pre-Delivery
[1] Dro Folomatic Lab Danol	Lad Fie-Delivery
[] Pre-Eclamptic Lab Panel	Ones LOD Des Delivers
[] 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
The 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
	<u> </u>
[] 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
1 1 1 2 1	, ,

Magnesium and D-dimer

D-dimer	Once, L&D Pre-Delivery
[] Magnesium level	Once, L&D Pre-Delivery
	•
24 Hour urine	
[] 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
Microbiology	
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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:
[1] Naissaria gaparrhagas by DCD	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
Labs Tomorrow	
Chemistry	
[] Comprehensive metabolic panel	Once, Starting S+1
[] Electrolyte panel	Conditional Frequency For 1 Occurrences
	Electrolyte panel after 24 hours if receiving combination of Pitocin and Magnesium Sulfate therapy
[] Magnesium	Once, Starting S+1
Chemistry	
[] Comprehensive metabolic panel	Once, Starting S+1
OB magnesium level	Once
[] Electrolyte panel	Conditional Frequency For 1 Occurrences
	Electrolyte panel after 24 hours if receiving combination of
	Pitocin and Magnesium Sulfate therapy
Consults	Pitocin and Magnesium Sulfate therapy
Consults For Physician Consult orders use sidehar	Pitocin and Magnesium Sulfate therapy
Consults For Physician Consult orders use sidebar	Pitocin and Magnesium Sulfate therapy
	Pitocin and Magnesium Sulfate therapy
For Physician Consult orders use sidebar Physician Consults	Pitocin and Magnesium Sulfate therapy Reason for Consult?
For Physician Consult orders use sidebar	
For Physician Consult orders use sidebar Physician Consults	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
Physician Consults Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
For Physician Consult orders use sidebar Physician Consults	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult?
Physician Consults Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult? Patient/Clinical information communicated?
Physician Consults Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery Reason for Consult?

[] Consult Neonatology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
Consults	
[] Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: L&D Pre-Delivery
[] Consult to Social Work	Reason for Consult: L&D Pre-Delivery
[] Consult to Spiritual Care	Reason for consult? L&D Pre-Delivery