

**General**

**Admission Orders (Single Response) (Selection Required)**

Do not use Outpatient Observation Services Under General Supervision order for patients who are receiving Outpatient TRIAGE services.

<input checked="" type="checkbox"/> Admit to L&D	Admitting Physician: Diagnosis: Pregnancy Bed request comments: L&D Pre-Delivery
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: L&D Pre-Delivery

**Code Status**

<input checked="" type="checkbox"/> Full code	Code Status decision reached by: Patient by means of Oral Directive
<input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required)	
<input type="checkbox"/> DNR (Do Not Resuscitate)	Does patient have decision-making capacity? L&D Pre-Delivery
<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult: L&D Pre-Delivery
<input type="checkbox"/> Modified Code	Does patient have decision-making capacity? Modified Code restrictions: L&D Pre-Delivery
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: L&D Pre-Delivery

**Isolation**

<input type="checkbox"/> Airborne isolation status	
<input type="checkbox"/> Airborne isolation status	Details
<input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum, L&D Pre-Delivery
<input type="checkbox"/> Contact isolation status	Details
<input type="checkbox"/> Droplet isolation status	Details
<input type="checkbox"/> Enteric isolation status	Details

**Precautions**

<input type="checkbox"/> Aspiration precautions	L&D Pre-Delivery
<input type="checkbox"/> Fall precautions	Increased observation level needed: On Admission and every 8 hours, L&D Pre-Delivery
<input type="checkbox"/> Latex precautions	L&D Pre-Delivery
<input type="checkbox"/> Seizure precautions	Increased observation level needed: L&D Pre-Delivery

**Common Present on Admission Diagnosis**

<input type="checkbox"/> Acidosis	L&D Pre-Delivery
<input type="checkbox"/> Acute Post-Hemorrhagic Anemia	L&D Pre-Delivery
<input type="checkbox"/> Acute Renal Failure	L&D Pre-Delivery

<input type="checkbox"/>	Acute Respiratory Failure	L&D Pre-Delivery
<input type="checkbox"/>	Acute Thromboembolism of Deep Veins of Lower Extremities	L&D Pre-Delivery
<input type="checkbox"/>	Anemia	L&D Pre-Delivery
<input type="checkbox"/>	Bacteremia	L&D Pre-Delivery
<input type="checkbox"/>	Bipolar disorder, unspecified	L&D Pre-Delivery
<input type="checkbox"/>	Cardiac Arrest	L&D Pre-Delivery
<input type="checkbox"/>	Cardiac Dysrhythmia	L&D Pre-Delivery
<input type="checkbox"/>	Cardiogenic Shock	L&D Pre-Delivery
<input type="checkbox"/>	Decubitus Ulcer	L&D Pre-Delivery
<input type="checkbox"/>	Dementia in Conditions Classified Elsewhere	L&D Pre-Delivery
<input type="checkbox"/>	Disorder of Liver	L&D Pre-Delivery
<input type="checkbox"/>	Electrolyte and Fluid Disorder	L&D Pre-Delivery
<input type="checkbox"/>	Intestinal Infection due to Clostridium Difficile	L&D Pre-Delivery
<input type="checkbox"/>	Methicillin Resistant Staphylococcus Aureus Infection	L&D Pre-Delivery
<input type="checkbox"/>	Obstructive Chronic Bronchitis with Exacerbation	L&D Pre-Delivery
<input type="checkbox"/>	Other Alteration of Consciousness	L&D Pre-Delivery
<input type="checkbox"/>	Other and Unspecified Coagulation Defects	L&D Pre-Delivery
<input type="checkbox"/>	Other Pulmonary Embolism and Infarction	L&D Pre-Delivery
<input type="checkbox"/>	Phlebitis and Thrombophlebitis	L&D Pre-Delivery
<input type="checkbox"/>	Protein-calorie Malnutrition	L&D Pre-Delivery
<input type="checkbox"/>	Psychosis, unspecified psychosis type	L&D Pre-Delivery
<input type="checkbox"/>	Schizophrenia Disorder	L&D Pre-Delivery
<input type="checkbox"/>	Sepsis	L&D Pre-Delivery
<input type="checkbox"/>	Septic Shock	L&D Pre-Delivery
<input type="checkbox"/>	Septicemia	L&D Pre-Delivery
<input type="checkbox"/>	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	L&D Pre-Delivery
<input type="checkbox"/>	Urinary Tract Infection, Site Not Specified	L&D Pre-Delivery
<input type="checkbox"/>	Present on Admission-History of preterm premature rupture of membranes	L&D Pre-Delivery

## Nursing

### Vital Signs

<input checked="" type="checkbox"/>	Neuro 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 hour, or as based on patient acuity/physician order. Notify physician for decrease or change in level of consciousness.
<input checked="" type="checkbox"/>	Pulse oximetry	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%
<input checked="" type="checkbox"/>	Vital signs - T/P/R/BP	Routine, Every 5 min B/R/BP only 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.

### Activity

<input type="checkbox"/>	Strict bed rest	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/>	Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/>	Bed rest with bathroom privileges for BM only	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges For bowel movement only

### Nursing Care

<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> Monitor fetal heart tones	Routine, Once Type: Continuous
<input type="checkbox"/> Sterile vaginal exam	Routine, Once For 1 Occurrences, L&D Post-Delivery
<input type="checkbox"/> Monitor fetal heart tones	Routine, Every shift Type: For 1 hour every shift, L&D Post-Delivery
<input type="checkbox"/> Monitor fetal heart tones	Routine, Daily Type: Every day with Doppler, L&D Pre-Delivery
<input type="checkbox"/> Monitor fetal heart tones	Routine, Continuous Type: Add Heart tones by Doppler (like Antepartum), L&D Pre-Delivery
<input type="checkbox"/> Fetal nonstress test	Routine, Every shift, L&D Pre-Delivery
<input type="checkbox"/> Tocometry	Routine, Continuous For Until specified Type: L&D Post-Delivery
<input type="checkbox"/> Daily weights	Routine, Daily, L&D Pre-Delivery
<input type="checkbox"/> Toileting - Bedside commode	Routine, Until discontinued, Starting S For Until specified Specify: L&D Pre-Delivery
<input checked="" type="checkbox"/> Strict intake and output	Routine, Every hour
<input checked="" type="checkbox"/> Limit total IV fluid intake to 125 cc/hr	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Insert and maintain Foley	
<input checked="" type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
<input checked="" type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain

#### Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: L&D Pre-Delivery
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> 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

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: 94

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 less than (mEq/L):  
PT/INR greater than:  
PT/INR less than:  
PTT greater than:  
PTT less than:  
Serum Osmolality greater than:  
Serum Osmolality less than:  
Sodium greater than:  
Sodium less than:  
WBC greater than:  
WBC less than:  
Other Lab (Specify):

## IV Fluids

### IV Fluids

lactated Ringer's infusion

75 mL/hr, intravenous, continuous

## Medications

### Magnesium Sulfate (Single Response)

magnesium sulfate 6 gm Loading and Maintenance  
Infusion

DISCONTINUE INFUSION IF SYMPTOMS OF 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 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)

magnesium sulfate 6 gm IV Loading Dose +  
Maintenance infusion

**"Followed by" Linked Panel**

<input type="checkbox"/>	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
<input type="checkbox"/>	Maintenance Dose - magnesium sulfate IV	intravenous, continuous, Starting H+30 Minutes, L&D Pre-Delivery
<b>(X) magnesium sulfate 4 gm Loading and Maintenance Infusion</b>		
DISCONTINUE INFUSION IF SYMPTOMS OF MAGNESIUM TOXICITY ARE PRESENT.		

<input checked="" type="checkbox"/>	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
<input type="checkbox"/>	Magnesium level	Once After loading dose (MD to enter repeat order information), L&D Pre-Delivery
<input type="checkbox"/>	Magnesium level	Once (MD to enter repeat order information), L&D Pre-Delivery
<input checked="" type="checkbox"/>	magnesium sulfate 4 gm IV Loading Dose + Maintenance infusion	<b>"Followed by" Linked Panel</b>
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Maintenance Dose - magnesium sulfate IV	intravenous, continuous, Starting H+30 Minutes, L&D Pre-Delivery

**Corticosteroids (Single Response)**

<input type="checkbox"/>	betamethasone acetate & sodium phosphate (CELESTONE) injection	12 mg, intramuscular, once, For 1 Doses, L&D Pre-Delivery
<input type="checkbox"/>	betamethasone acetate & sodium phosphate (CELESTONE) injection	12 mg, intramuscular, every 12 hours, For 2 Doses, L&D Pre-Delivery
<input type="checkbox"/>	betamethasone acetate & sodium phosphate (CELESTONE) injection	12 mg, intramuscular, every 24 hours, For 2 Doses, L&D Pre-Delivery

**Rescue Agents**

<input checked="" type="checkbox"/>	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
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**Pre-Delivery**

<input type="checkbox"/>	prenatal multivitamin 29 mg iron- 1 mg tablet	1 tablet, oral, daily, L&D Pre-Delivery
<input type="checkbox"/>	ferrous sulfate tablet	325 mg, oral, daily, L&D Pre-Delivery

**PRN Medications**

<b>[X] PRN Antipyretics</b>		
<input checked="" type="checkbox"/>	acetaminophen (TYLENOL) tablet	oral, every 6 hours PRN, fever, for temperature GREATER than 100.4, L&D Pre-Delivery
<b>[X] PRN Gastrointestinal Care</b>		
<input type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, nightly PRN, constipation, L&D Pre-Delivery
<input type="checkbox"/>	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, L&D Pre-Delivery
<input type="checkbox"/>	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**

<input checked="" type="checkbox"/>	ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input checked="" type="checkbox"/>	ondansetron ODT (ZOFTRAN-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.
<input checked="" type="checkbox"/>	ondansetron (ZOFTRAN) 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) IV or Oral or Rectal **"Or" Linked Panel**

- |   |   |
|---|---|
| <input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV  | 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery<br>Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required. |
| <input type="checkbox"/> promethazine (PHENERGAN) tablet      | 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery<br>Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.   |
| <input type="checkbox"/> promethazine (PHENERGAN) suppository | 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, L&D Pre-Delivery<br>Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.   |

PRN Antihypertensives

- |   |  |
|---|--|
| <input type="checkbox"/> For blood pressure GREATER than or EQUAL to 160mmHg - labetalol (NORMODYNE) tablet | 200 mg, oral, 2 times daily PRN, high blood pressure, L&D Pre-Delivery<br>For Systolic blood pressure GREATER than or EQUAL to 160mmHg.<br>DO NOT give incremental dosing as this will compromise fetal circulation.<br>HOLD parameters for this order:<br>Contact Physician if: Systolic BP GREATER than 160mmHg and Diastolic BP GREATER than 110 mmHg |
| <input type="checkbox"/> hydrALAZINE (APRESOLINE) tablet  | 5 mg, oral, every 6 hours PRN, high blood pressure, L&D Pre-Delivery<br>For blood pressure GREATER than 160 mmHg. DO NOT give incremental dosing as this will compromise fetal circulation.<br>HOLD parameters for this order:<br>Contact Physician if:  |

PRN Severe Hypertension (Single Response)

- |  |  |
|--|--|
| <input type="checkbox"/> NIFEdipine (PROCARDIA) capsule            | 10 mg, oral, once PRN, high blood pressure, for severe BP elevations of 15 min or more. Recheck BP in 15 min., L&D Pre-Delivery<br>HOLD parameters for this order:<br>Contact Physician if: Systolic BP GREATER than 160 mmHg or Diastolic BP GREATER than 110 mmHg.   |
| <input type="checkbox"/> labetalol (NORMODYNE, TRANDATE) injection | 20 mg, intravenous, once PRN, high blood pressure, for severe blood pressure elevation (Systolic BP GREATER than or EQUAL to 160 mmHg) persisting for 15 minutes or more., For 1 Doses, L&D Pre-Delivery<br>Give IV Push over 2 minutes. Repeat BP measurements in 10 minutes and record results.<br>Contact Physician if: For Systolic BP GREATER than 160 mmHg or Diastolic BP GREATER than 110mmHg. |
| <input type="checkbox"/> 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 BP in 20 minutes., L&D Pre-Delivery<br>HOLD parameters for this order:<br>Contact Physician if: Systolic BP GREATER than 160 mmHg or Diastolic BP GREATER than 110 mmHg.   |

Insomnia

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> zolpidem (AMBIEN) tablet | 5 mg, oral, nightly PRN, sleep, L&D Pre-Delivery |
|--|--|

**VTE**

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

URL: "\appt1.pdf"

- |   |  |
|---|--|
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |
| <input type="checkbox"/> LOW Risk of DVT (Selection Required)   |  |
| Low Risk Definition<br>Age less than 60 years and NO other VTE risk factors                                     |  |

- Low Risk (Single Response) (Selection Required)

<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
<input type="checkbox"/> 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	
<input type="checkbox"/> Moderate Risk (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> 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.

<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/>	Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	MODERATE Risk of DVT - Non-Surgical (Selection Required)	
	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
<input type="checkbox"/>	Moderate Risk (Selection Required)	
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once
<input type="checkbox"/>	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/>	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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

<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Selection Required) Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required) Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> 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 prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> 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.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> 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.
<input type="checkbox"/> 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:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

### DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
<input type="checkbox"/> LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk factors	

### Low Risk (Single Response) (Selection Required)

<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage 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 (Selection Required)

<input type="checkbox"/> Moderate risk of VTE	Routine, Once
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### Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
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<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis		<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once	No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once	No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1	
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM	
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1	Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S	Indication:

MODERATE Risk of DVT - Non-Surgical (Selection Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device **"And" Linked Panel**

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/>	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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):
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 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

<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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

<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
[ ] High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> 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.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> 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.
<input type="checkbox"/> 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:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

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

URL: "\appt1.pdf"

<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
<input type="checkbox"/> LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk factors	
<input type="checkbox"/> Low Risk (Single Response) (Selection Required)	
<input type="checkbox"/> Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
<input type="checkbox"/> 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 (Selection Required)

<input type="checkbox"/>	Moderate risk of VTE	Routine, Once
<input type="checkbox"/>	Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/>	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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):
<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/>	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.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

MODERATE Risk of DVT - Non-Surgical (Selection Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

Moderate Risk Pharmacological Prophylaxis -  
Non-Surgical Patient (Single Response) (Selection  
Required)

Contraindications exist for pharmacologic prophylaxis - **"And" Linked Panel**  
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 prophylaxis **"And" Linked Panel**  
AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following  
contraindication(s):

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following  
contraindication(s):

enoxaparin (LOVENOX) injection (Single Response)  
(Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700, Starting S

patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 1700, Starting S  
For Patients with CrCL LESS than 30 mL/min

patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S  
For Patients weight between 100-139 kg and CrCl GREATER than 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:

HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Surgical Patient  
(Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

HIGH Risk of DVT - Non-Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

<input type="checkbox"/> High risk of VTE	Routine, Once
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High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S

<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> 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.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
[ ] High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1

<input type="checkbox"/> 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.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> 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.
<input type="checkbox"/> 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:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

## Labs

### Labs HMM

<input type="checkbox"/> Rubella antibody, IgG	Once, L&D Pre-Delivery
<input type="checkbox"/> 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
<input type="checkbox"/> Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/> Bedside glucose	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/> OB Panel	
<input type="checkbox"/> Bedside glucose	Routine, Every hour, L&D Pre-Delivery
<input type="checkbox"/> CBC with differential	Once For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/> CBC with platelet and differential	AM draw repeats For 3 Days, L&D Pre-Delivery
<input type="checkbox"/> Basic metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/> Hepatitis B surface antigen	Once For 1 Occurrences, L&D Pre-Delivery

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

#### Labs HMW, HMSL

<input type="checkbox"/>	Blood gas, arterial, cord	Once, L&D Pre-Delivery
<input type="checkbox"/>	Blood gas, venous, cord	Once, L&D Pre-Delivery
<input type="checkbox"/>	Rubella antibody, IgG	Once, L&D Pre-Delivery
<input type="checkbox"/>	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
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/>	OB Panel	
<input type="checkbox"/>	Bedside glucose	Routine, Every hour, L&D Pre-Delivery
<input type="checkbox"/>	CBC with differential	Once For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	CBC with platelet and differential	AM draw repeats For 3 Days, L&D Pre-Delivery

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

#### Labs HMSJ

<input type="checkbox"/>	Cord blood gas, arterial	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Cord blood gas, venous	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Rubella antibody, IgG	Once, L&D Pre-Delivery
<input type="checkbox"/>	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
<input type="checkbox"/>	Urine drugs of abuse screen	STAT For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Bedside glucose	Routine, Once, L&D Pre-Delivery
<input type="checkbox"/>	OB MAG Panel	
<input type="checkbox"/>	Bedside glucose	Routine, Every hour, L&D Pre-Delivery

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

#### Labs HMSTJ

<input type="checkbox"/>	Blood gas, arterial, cord	Once, L&D Pre-Delivery
<input type="checkbox"/>	Blood gas, venous, cord	Once, L&D Pre-Delivery
<input type="checkbox"/>	Rubella antibody, IgG	Once, L&D Pre-Delivery
<input type="checkbox"/>	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
<input type="checkbox"/>	Urine drugs of abuse screen	Once, L&D Pre-Delivery
<input type="checkbox"/>	OB MAG Panel	

Instead of using LAB4120, this order panel uses LAB276.

<input type="checkbox"/>	Bedside glucose	Routine, Every hour, L&D Pre-Delivery
<input type="checkbox"/>	CBC with differential	Once, L&D Pre-Delivery
<input type="checkbox"/>	CBC with platelet and differential	AM draw repeats For 3 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Basic metabolic panel	Once, L&D Post-Delivery
<input type="checkbox"/>	HIV 1, 2 antibody	Once, L&D Pre-Delivery
<input type="checkbox"/>	Hepatitis B surface antigen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Syphilis total antibody	Once, L&D Pre-Delivery
<input type="checkbox"/>	Type and Screen, Obstetrical Patient	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine dipstick	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: L&D Pre-Delivery

Pre-Eclamptic Lab Panel

<input type="checkbox"/>	CBC with differential	Once, L&D Pre-Delivery
<input type="checkbox"/>	Comprehensive metabolic panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Prothrombin time with INR	Once, L&D Pre-Delivery
<input type="checkbox"/>	Partial thromboplastin time	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fibrinogen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Uric acid	Once, L&D Pre-Delivery
<input type="checkbox"/>	LDH	Once, L&D Pre-Delivery
<input type="checkbox"/>	Urine Protein and Creatinine	
<input type="checkbox"/>	Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery

Fetal Demise Panel

<input type="checkbox"/>	Antibody screen (gel)	Once
<input type="checkbox"/>	Antithrombin III level	Once, L&D Pre-Delivery
<input type="checkbox"/>	Cardiolipin antibodies	Once, L&D Pre-Delivery
<input type="checkbox"/>	Factor V leiden by PCR	Once, L&D Pre-Delivery
<input type="checkbox"/>	Fibrinogen	Once, L&D Pre-Delivery
<input type="checkbox"/>	Hemoglobin A1c	Once
<input type="checkbox"/>	Homocystine, plasma	Once, L&D Pre-Delivery
<input type="checkbox"/>	Kleihauer-Betke	Once
<input type="checkbox"/>	Lupus anticoagulant panel	Once, L&D Pre-Delivery
<input type="checkbox"/>	Parvovirus B19 antibody, IgG and IgM	Once, L&D Pre-Delivery
<input type="checkbox"/>	Prothrombin mutation, factor II, by PCR	Once, L&D Pre-Delivery
<input type="checkbox"/>	Partial thromboplastin time	Once, L&D Pre-Delivery
<input type="checkbox"/>	Prothrombin time with INR	Once, L&D Pre-Delivery
<input type="checkbox"/>	TSH	Once, L&D Pre-Delivery

**Labs HMTW**

<input type="checkbox"/>	Blood gas, arterial, cord	Once, L&D Pre-Delivery
<input type="checkbox"/>	Blood gas, venous, cord	Once, L&D Pre-Delivery
<input type="checkbox"/>	Rubella antibody, IgG	Once, L&D Pre-Delivery

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

**Labs HMWB**

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

**Magnesium and D-dimer**

<input type="checkbox"/>	D-dimer	Once, L&D Pre-Delivery
<input type="checkbox"/>	Magnesium level	Once, L&D Pre-Delivery

### 24 Hour urine

<input type="checkbox"/>	24 Hour urine	
<input type="checkbox"/>	Creatinine clearance, urine, 24 hour	Once, L&D Pre-Delivery
<input type="checkbox"/>	Protein, urine, 24 hour	Once, L&D Pre-Delivery

### Urine Creatinine and Protein

<input type="checkbox"/>	Urine Protein and Creatinine	
<input type="checkbox"/>	Creatinine level, urine, random	Once For 1 Occurrences, L&D Pre-Delivery
<input type="checkbox"/>	Protein, urine, random	Once For 1 Occurrences, L&D Pre-Delivery

## Microbiology

### STI Screen

<input type="checkbox"/>	Sexually Transmitted Infections	
<input type="checkbox"/>	Chlamydia trachomatis by PCR	Once Urine is the only acceptable source for patients less than or equal to 13 years old. Specimen source: Urine Specimen Source: Specimen Site: L&D Pre-Delivery
<input type="checkbox"/>	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

<input type="checkbox"/>	Comprehensive metabolic panel	Once, Starting S+1
<input type="checkbox"/>	Electrolyte panel	Conditional Frequency For 1 Occurrences Electrolyte panel after 24 hours if receiving combination of Pitocin and Magnesium Sulfate therapy
<input type="checkbox"/>	Magnesium	Once, Starting S+1

### Chemistry

<input type="checkbox"/>	Comprehensive metabolic panel	Once, Starting S+1
<input type="checkbox"/>	OB magnesium level	Once
<input type="checkbox"/>	Electrolyte panel	Conditional Frequency For 1 Occurrences Electrolyte panel after 24 hours if receiving combination of Pitocin and Magnesium Sulfate therapy

## Consults

For Physician Consult orders use sidebar

### Physician Consults

<input type="checkbox"/>	Consult Anesthesiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery
<input type="checkbox"/>	Consult Maternal and Fetal Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? L&D Pre-Delivery

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