General

Common Present on Admission Diagnosis

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

() Admit to Inpatient	Diagnosis:
	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:

Admission or Observation (Single Response) Patient has active status order on file

() Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
() Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:
Admission (Single Response) Patient has active status order on file.	
() Admit to inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Code Status	
[] Full code	Code Status decision reached by:
DNR (Selection Required)	· · · · · · · · · · · · · · · · · · ·
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult:
[] Modified Code	Does patient have decision-making capacity? Modified Code restrictions:
[] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	
[] Airborne isolation status [] Mycobacterium tuberculosis by PCR - If you	Details Once, Sputum
suspect Tuberculosis, please order this test for rapid diagnostics.	
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:

Nursing

/ital Signs	
] Vital Signs-Per unit Protocol	Routine, Per unit protocol
] Vital Signs-Per Protocol IV morphine	Routine, Per unit protocol
	Patient receiving IV morphine for chest pain: Assess and
	document vital signs before and after each dose to include
	neurological assessment and oxygenation saturation
Activity	
[] Up ad lib	Routine, Until discontinued, Starting S Specify: Up ad lib
Strict bed rest	Routine, Until discontinued, Starting S
Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bathroom privileges
[] Up with assistance	Routine, Until discontinued, Starting S
	Specify: Up with assistance
[] Turn patient	Routine, Every 2 hours
[] Head of bed 30 degrees	Routine, Until discontinued, Starting S
	Head of bed: 30 degrees
Nursing Care	
[] Daily weights	Routine, Daily
[] Intake and Output	Routine, Every shift
] Strict intake and output	Routine, Every hour
] Hemodynamic Monitoring	Routine, Continuous Measure:
[] Insert and Maintain Foley	
[] Insert Foley catheter	Routine, Once
	Type:
	Size: Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S
	Orders: Maintain
] Insert and Maintain Temperature Sensing Foley	
[] Insert Foley catheter	Routine, Once
	Type: Temperature Sensing
	Size: Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S
	Orders: Maintain
] Nasogastric Tube Insert and Maintain	
[] Nasogastric tube insertion	Routine, Once Type:
[] Nasogastric tube maintenance	Routine, Until discontinued, Starting S
[X] Oral care	Tube Care Orders: Routine, Every 4 hours
	For intubated patients
[X] Oral care	Routine, Every shift
	For non intubated patients
 Assist with feeding patient 	Routine, Until discontinued, Starting S Modifier:
] Peripheral vascular assessment	Routine, Once
[] First Step Plus Mattress	Routine, Once
	Clinical Indications. Criteria 1, or Criteria 2 or 3 and at least
	one of 4-7:
	Special Instructions:
	Weight:

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[] Roho Mattress	Routine, Once Clinical Indications. Criteria 1, or Criteria 2 or 3 and at least
	one of 4-7: Special Instructions:
	Weight:
[] Kin Air Bed with Scales	Routine, Once Clinical Indication(s): Group II Must select as indicated
	- Criteria 1 and 2 and 3 or, - Criteria 4, or Criteria 5 and 6:
	Special Instructions:
	Weight:
[] RN may remove arterial lines, triple lumen catheters in IJ, femoral and subclavian positions	Routine, Until discontinued, Starting S
Vent Bundle	
[] Mechanical ventilation	Routine
	Mechanical Ventilation:
	Vent Management Strategies:
[] Hold tube feedings	Routine, Conditional Frequency For 99 Occurrences
	Hold tube feedings in AM if FIO2 less than 50%, peep less
1 Sodation holiday	than or equal to 8 centimeters, saturation greater than 90%.
[] Sedation holiday	Routine, Conditional Frequency For 99 Occurrences Sedation holiday starting at 5am daily if FIO2 less than 50%,
	peep less than or equal to 8 centimeters, saturation greater
	than 90%.
] Spontaneous breathing trial	Routine, As needed
	If FIO2 less than 50%, peep less than or equal to 8
	centimeters, saturation greater than 90%
Notify Physician	centimeters, saturation greater than 90%
	Routine, Until discontinued, Starting S, for rhythm changes,
	Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd
[X] Notify Physician	Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT
[X] Notify Physician	Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or
Notify Physician [X] Notify Physician [X] Notify Physician (Specify)	Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT
[X] Notify Physician [X] Notify Physician (Specify)	Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior
[X] Notify Physician [X] Notify Physician (Specify)	Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial)
[X] Notify Physician [X] Notify Physician (Specify)	Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S
[X] Notify Physician [X] Notify Physician (Specify)	Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160
[X] Notify Physician [X] Notify Physician (Specify)	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90
[X] Notify Physician [X] Notify Physician (Specify)	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than:
[X] Notify Physician [X] Notify Physician (Specify)	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than:
[X] Notify Physician [X] Notify Physician (Specify)	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60
[X] Notify Physician [X] Notify Physician (Specify)	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 0 Diastolic BP greater than: 0 Diastolic BP greater than: 0 Heart rate greater than (BPM): 110
[X] Notify Physician [X] Notify Physician (Specify)	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 160 Systolic BP greater than: 0 Diastolic BP greater than: 0 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50
[X] Notify Physician [X] Notify Physician (Specify)	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 160 Systolic BP greater than: 0 Diastolic BP greater than: 0 Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50 Respiratory rate greater than: 30
[X] Notify Physician [X] Notify Physician (Specify)	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 160 Systolic BP greater than: 00 Diastolic BP greater than: 160 Heart rate greater than: 00 Diastolic BP greater than: 00 Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50 Respiratory rate greater than: 30 Respiratory rate less than: 8
 [X] Notify Physician [X] Notify Physician (Specify) [X] Notify Physician for vitals: 	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 160 Systolic BP greater than: 00 Diastolic BP greater than: 00 Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90
 [X] Notify Physician [X] Notify Physician (Specify) [X] Notify Physician for vitals: 	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 160 Systolic BP greater than: 00 Diastolic BP greater than: 160 Heart rate greater than: 00 Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90 Routine, Until discontinued, Starting S, for hematoma,
 [X] Notify Physician [X] Notify Physician (Specify) [X] Notify Physician for vitals: [X] Notify Physician (Specify) 	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 160 Systolic BP greater than: Diastolic BP greater than: Diastolic BP greater than: MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90 Routine, Until discontinued, Starting S, for hematoma, significant or suspected bleeding.
[X] Notify Physician	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 160 Systolic BP greater than: 00 Diastolic BP greater than: Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate greater than: 30 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90 Routine, Until discontinued, Starting S, for hematoma, significant or suspected bleeding. Routine, Until discontinued, Starting S, In change in mental
 [X] Notify Physician [X] Notify Physician (Specify) [X] Notify Physician for vitals: [X] Notify Physician (Specify) [X] Notify Physician (Specify) [X] Notify Physician (Specify) 	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 90 Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90 Routine, Until discontinued, Starting S, for hematoma, significant or suspected bleeding. Routine, Until discontinued, Starting S, In change in mental lethargy, obtain blood sugar
 [X] Notify Physician [X] Notify Physician (Specify) [X] Notify Physician for vitals: [X] Notify Physician (Specify) 	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90 Routine, Until discontinued, Starting S, for hematoma, significant or suspected bleeding. Routine, Until discontinued, Starting S, for sudden change in mental lethargy, obtain blood sugar
 [X] Notify Physician [X] Notify Physician (Specify) [X] Notify Physician for vitals: [X] Notify Physician (Specify) [X] Notify Physician (Specify) [X] Notify Physician (Specify) [X] Notify Physician (Specify) 	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 160 Systolic BP greater than: 00 Diastolic BP less than: MAP less than: 90 Heart rate greater than (BPM): 110 Heart rate greater than (BPM): 50 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90 Routine, Until discontinued, Starting S, for hematoma, significant or suspected bleeding. Routine, Until discontinued, Starting S, In change in mental lethargy, obtain blood sugar Routine, Until discontinued, Starting S, for sudden change in patient's status
 [X] Notify Physician [X] Notify Physician (Specify) [X] Notify Physician for vitals: [X] Notify Physician (Specify) [X] Notify Physician (Specify) [X] Notify Physician (Specify) 	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 160 Systolic BP greater than: 00 Diastolic BP greater than: 160 Heart rate greater than: 00 Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90 Routine, Until discontinued, Starting S, for hematoma, significant or suspected bleeding. Routine, Until discontinued, Starting S, for sudden change in patient's status Routine, Until discontinued, Starting S, for sudden change in patient's status
 [X] Notify Physician [X] Notify Physician (Specify) [X] Notify Physician for vitals: [X] Notify Physician (Specify) [X] Notify Physician (Specify) [X] Notify Physician (Specify) [X] Notify Physician (Specify) 	 Routine, Until discontinued, Starting S, for rhythm changes, PVCs greater than 6 per/minute, V-Tach/V-Fib, 2nd or 3rd AVB, New onset A-Fib, A-Flutter or LBBB, SVT Routine, Until discontinued, Starting S, for changes in or absent peripheral pulses (radial, dorsalis pedis, posterior tibial) Routine, Until discontinued, Starting S Temperature greater than: 100.3 Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP less than: MAP less than: 60 Heart rate greater than (BPM): 110 Heart rate less than (BPM): 50 Respiratory rate greater than: 30 Respiratory rate less than: 8 SpO2 less than: 90 Routine, Until discontinued, Starting S, for hematoma, significant or suspected bleeding. Routine, Until discontinued, Starting S, for sudden change in mental lethargy, obtain blood sugar

I insulin Jntil discontinued, Starting S, if morphine
red for acute chest pain
Jntil discontinued, Starting S, for chest pain d with EKG changes
Jntil discontinued, Starting S, for further amiodarone tration instructions
tive now, Starting S ative fasting options:
tive midnight, Starting S+1 at 12:01 AM ept meds
ative fasting options: tive now, Starting S eart Healthy Diet as Tolerated? nsistency: triction: Avoid:
tive now, Starting S ther Diabetic/Cal Calorie: 1800 Kcal/202 gm Carbohydrate Diet as Tolerated? nsistency: triction: Avoid:
tive now, Starting S enal (80GM Pro, 2-3GM Na, 2-3GM K) Diet as Tolerated? nsistency: triction: Avoid:
tive now, Starting S lear Liquids Diet as Tolerated? nsistency: triction: Avoid:
tive now, Starting S tions: Diet as Tolerated? nsistency: triction: Avoid:
every 12 hours scheduled

	IV	Bolus	(Single	Response)	
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$\overline{()}$	sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
$\left(\right)$	sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
()	lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses

() lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
Maintenance IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous
$\vec{()}$ dextrose 5 % and sodium chloride 0.45 % with	75 mL/hr, intravenous, continuous
potassium chloride 20 mEq/L infusion	
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % 1,000 mL with sodium	75 mL/hr, intravenous, continuous
bicarbonate 75 mEq/L infusion	
Medications	
Anticoagulant	
Use with Caution on Patients with Epidural Medications.	
Round 1mg/kg orders to the nearest 10mg	
CrCl less than 30 mL/min, GIVE 30mg SQ Once Daily	
[] enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME
	CRITICAL)
[] enoxaparin (LOVENOX) injection	1 mg/kg, subcutaneous, every 24 hours
Antiplatelet	
[] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily
[] aspirin tablet	325 mg, oral, once, For 1 Doses
[] aspirin tablet	325 mg, oral, daily
[] clopidogrel (PLAVIX) tablet	75 mg, oral, once, For 1 Doses
[] clopidogrel (PLAVIX) tablet	75 mg, oral, daily
[] Loading Dose - clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses
[] Loading Dose - clopidogrel (PLAVIX) tablet	600 mg, oral, once, For 1 Doses
[] eptifibatide (INTEGRILIN) bolus injection	180 mcg/kg, intravenous, once, For 1 Doses
[] eptifibatide (INTEGRILIN) 0.75 mg/mL infusion	2 mcg/kg/min, intravenous, continuous
[] For CrCl LESS THAN 50 mL/min - eptifibatide	1 mcg/kg/min, intravenous, continuous
(INTEGRILIN) 0.75 mg/mL infusion	
Nitrates	
[] nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses
	Hold for systolic blood pressure LESS THAN 90 mmHg.
[] nitroglycerin (NITROSTAT) 2 % ointment	1 inch, Topical, every 6 hours scheduled
[] isosorbide mononitrate (IMDUR) 24 hr tablet	30 mg, oral, 2 times daily at 0900, 1600
	HOLD parameters for this order:
	Contact Physician if:
Beta-Blocker	
[] metoprolol (LOPRESSOR) injection	5 mg, intravenous, 2 times daily at 0600, 1800
	Hold for heart rate less than 50 beats per minute, or systolic
	bloodpressure less than 90 mmHg, second or third degree
	AVB, PR-intervalgreater than 0.24 and notify physician.
	HOLD parameters for this order:
	Contact Physician if:
[] metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800
	Hold for heart rate LESS THAN 50 beats/min, or systolic blood
	pressureLESS THAN 90 mmHg, second or third degree AVB,
	PR-interval GREATER THAN0.24 and notify physician. HOLD parameters for this order:
	Contact Physician if:
1	Contact Hysiolar II.

[] metoprolol succinate XL (TOPROL-XL) 24 hr tablet	50 mg, oral, daily at 0600 Hold for heart rate LESS THAN 50 beats/min, or systolic blood pressureLESS THAN 90 mmHg, second or third degree AVB, PR-interval GREATER THAN0.24 and notify physician. HOLD parameters for this order: Contact Physician if:
[] carvedilol (COREG) tablet	 3.125 mg, oral, 2 times daily at 0600, 1800 Administer with food. Hold for heart rate LESS THAN 50 beats/min, orsystolic blood pressure LESS THAN 90 mmHg, second or third degree AVB,PR-interval GREATER THAN 0.24 and notify physician. HOLD parameters for this order: Contact Physician if:
Statin	
[] atorvastatin (LIPITOR) tablet	80 mg, oral, nightly
[] simvastatin (ZOCOR) tablet	20 mg, oral, nightly If patient is on amiodarone, maximum dose is 10 mg.
[] pravastatin (PRAVACHOL) tablet	40 mg, oral, nightly
[] atorvastatin (LIPITOR) tablet	40 mg, oral, nightly
Arrhythmia Control	
[] amlODarone bolus injection	150 mg, intravenous, at 600 mL/hr, for 10 Minutes, once, For 1 Doses
[] amIODarone (CORDARONE) IV	1 mg/min, intravenous, continuous The Standard Infusion Dose Rate is 1mg/min, for 6 hours, then Decreased to 0.5mg/min. Patients should be monitored for QTc prolongation. (33 milliliter/hour); NO Titration.
[] amlODarone (CORDARONE) IV	 1 mg/hr, intravenous, continuous The Standard Infusion Dose Rate is 1mg/min, for 6 hours, then Decreased to 0.5mg/min. Patients should be monitored for QTc prolongation. (33 milliliter/hour) times 6 hours then 0.5 milligram/minute (17 milliliter/hour) times 18 hours. Then call cardiologist or CCU house staff for further orders.
[] amIODarone (CORDARONE) IV	 0.5 mg/min, intravenous, continuous The Standard Infusion Dose Rate is 1mg/min, for 6 hours, then Decreased to 0.5mg/min. Patients should be monitored for QTc prolongation. (33 milliliter/hour) times 6 hours then 0.5 milligram/minute (17 milliliter/hour) times 18 hours. Then call cardiologist or CCU house staff for further orders.
[] diltiazem (CARDIZEM) IV	2.5-15 mg/hr, intravenous, continuous
GI Medications	
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
[] docusate (COLACE) 50 mg/5 mL liquid	100 mg, Nasogastric, 2 times daily
[] ondansetron (ZOFRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
[] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 4 hours PRN, nausea, vomiting, for patients LESS THAN 65 yrs old.
[] metoclopramide (REGLAN) injection	5 mg, intravenous, every 6 hours PRN, nausea, vomiting
[] DO NOT use in renal patients - magnesium hydroxide suspension	30 mL, oral, every 6 hours PRN, constipation, For 2 Doses Do not use in renal patients
[] alum-mag hydroxide-simeth (MAALOX) oral suspension	30 mL, oral, every 6 hours PRN, indigestion Use with caution in renal patients. Call MD if more than 3 doses needed.
[] aluminum hydroxide (ALTERNGEL) gel suspension	60 mL, oral, every 6 hours PRN, indigestion Use with caution in renal patients. Call MD if more than 3 doses needed.
[] bisacodyl (DULCOLAX) suppository	10 mg, rectal, PRN, constipation

[] polyethylene glycol (GLYCOLAX) packet	17 g, oral, daily PRN, constipation
Contrast Prophylaxis For patients with CrCI LESS THAN 60 or DM	
[] acetylcysteine 20% oral solution	1,200 mg, oral, once, For 1 Doses Then every 12 hours times 48 hours post exposure (Creatinine Clearance LESS THAN 60 or DM).
[] acetylcysteine 20% oral solution	1,200 mg, oral, 2 times daily at 0600, 1800 (TIME CRITICAL Post exposure (Creatinine Clearance LESS THAN 60 or DM
[] acetylcysteine (ACETADOTE) 200 mg/mL (20 %) injection	200 mg, intravenous, once, For 1 Doses (600 milligram/3 milliliter) IV Push then two times daily times 48 hours post exposure (Creatinine Clearance less than 60 c DM).
[] acetylcysteine (ACETADOTE) 200 mg/mL (20 %) injection	200 mg, intravenous, 2 times daily post exposure (Creatinine Clearance less than 60 or DM).
Antibiotics	
[] vancomycin (VANCOCIN) IV	1,000 mg, intravenous, every 12 hours Type of Therapy:
[] vancomycin (VANCOCIN) IV	1,000 mg, intravenous, every 24 hours Type of Therapy:
[] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Reason for Therapy:
Antibiotics (Select Both)	
[] cefTRIAxone (ROCEPHIN) IV	1,000 mg, intravenous, for 30 Minutes, every 24 hours Reason for Therapy:
[] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy:
[] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Reason for Therapy:
[] clindamycin (CLEOCIN) IV	600 mg, intravenous, for 30 Minutes, every 6 hours PRN Reason for Therapy:
Antibiotics: Option 1 (Select Both)	
[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 8 hours Reason for Therapy:
[] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Reason for Therapy:
Antibiotics: Option 2 (Select Both)	
[] cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours Reason for Therapy:
[] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Reason for Therapy:
For Beta-Lactam Allergic Patients (Pick Both)	
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Reason for Therapy:
[] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Reason for Therapy:
Respiratory Medications	
[] acetylcysteine 20% inhalation solution	2 mL, nebulization, Respiratory Therapy - every 12 hours Add 2 mL of 20% inhaled to all respiratory treatments given. 20% acetylcysteine solution provides 200mg/ml of acetylcysteine. Aerosol Delivery Device:

[] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, Respiratory Therapy - every 6 hours Aerosol Delivery Device:
[] ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, Respiratory Therapy - every 6 hours Aerosol Delivery Device:
[] budesonide (PULMICORT) nebulizer solution	0.25 mg, nebulization, Respiratory Therapy - 2 times daily
[] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 6 hours PRN, wheezing Aerosol Delivery Device:
[] ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 6 hours PRN, wheezing Aerosol Delivery Device:
[] acetylcysteine 20% inhalation solution	2 mL, nebulization, PRN, wheezing Add 2 mL of 20% inhaled to all respiratory treatments given. 20% acetylcysteine solution provides 200mg/ml of acetylcysteine. Aerosol Delivery Device:

Pain Medications

DO NOT give more than 3000 milligrams per 24 hours, or to patients with liver failure

[]	acetaminophen (TYLENOL) tablet	325 mg, oral, every 4 hours PRN, mild pain (score 1-3) DO NOT give more than 3000 milligrams per 24 hours, or to patients withliver failure
[]	acetaminophen (TYLENOL) suspension	650 mg, Nasogastric, every 4 hours PRN, mild pain (score
		1-3) DO NOT give more than 3000 milligrams per 24 hours, or to
		patients withliver failure
[]	acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, moderate pain (score 4-6) DO NOT give more than 3000 milligrams per 24 hours, or to patients withliver failure
[]	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)
[]	morphine 2 mg/mL injection	1 mg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
[]	fentaNYL (SUBLIMAZE) 50 mcg/mL injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
[]	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	2 tablet, oral, every 4 hours PRN, severe pain (score 7-10)
[]	morphine 2 mg/mL injection	2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10)
[]	fentaNYL (SUBLIMAZE) 50 mcg/mL injection	50 mcg, intravenous, every 2 hour PRN, severe pain (score 7-10)
[]	acetaminophen (TYLENOL) tablet	325 mg, oral, every 4 hours PRN, fever DO NOT give more than 3000 milligrams per 24 hours, or to patients withliver failure
[]	acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, fever
	·····	DO NOT give more than 3000 milligrams per 24 hours, or to patients withliver failure
[]	acetaminophen (TYLENOL) suspension	650 mg, Nasogastric, every 4 hours PRN, fever DO NOT give more than 3000 milligrams per 24 hours, or to patients withliver failure
[]	acetaminophen (TYLENOL) suppository	650 mg, rectal, every 4 hours PRN, fever
An	xiolytics	
[]	ALPRAZolam (XANAX) tablet	0.25 mg, oral, every 8 hours PRN, anxiety, For 3 Doses Indication(s): Anxiety
Ins	comnia: For Patients GREATER than or EQUAL to 70 yea	rs old (Single Response)
()	ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
Ins	comnia: For Patients LESS than 70 years old (Single Res	
()	zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
()	ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep

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] Pharmacy consult to manage dose adjustments for	renal STAT, Until discontinued, Starting S
function	Adjust dose for:
Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluse	STAT, Until discontinued, Starting S Heparin Indication:
protocol(ACS/Stroke/Allb)- withOOT thration boldse	Specify:
	Monitoring: Anti-Xa
Pharmacy consult to manage Heparin: LOW Dose	STAT, Until discontinued, Starting S
protocol(ACS/Stroke/Afib)- withOUT titration boluse	es Heparin Indication: ACS Specify: No initial Bolus
	Monitoring: Anti-Xa
Pharmacy consult to manage warfarin (COUMADIN	I) Routine, Until discontinued, Starting S
	Indication:
/TE	
VT Risk and Prophylaxis Tool (Single Response) (Selection Required)
	URL: "\appt1.pdf"
) Patient currently has an active order for therapeutic	Routine, Once
anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is
	already on therapeutic anticoagulation for other indication. Therapy for the following:
) LOW Risk of DVT (Selection Required)	Thorapy for the following.
Low Risk Definition	
Age less than 60 years and NO other VTE risk factor	Drs
[] Low Risk (Single Response) (Selection Required	
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgate early ambulation
) MODERATE Risk of DVT - Surgical (Selection Req	•
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. Me contraindicated.	chanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	eg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	i de la constante de la constan
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine. Once
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once Irgical
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required)	Irgical
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] [] Moderate risk of VTE [] [] Moderate Risk Pharmacological Prophylaxis - Superiter (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylematic prophylematic set of the set o	Irgical
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required)	Irgical
 Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic proph BUT order Sequential compression device 	Irgical nylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
 Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic proph BUT order Sequential compression device [] Contraindications exist for pharmacologic 	nylaxis "And" Linked Panel Routine, Once
 Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic proph BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous 	Ingical nylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic proph BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis	Ingical nylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] [] Moderate Risk Of VTE [] [] Moderate Risk Pharmacological Prophylaxis - Superient (Single Response) (Selection Required) () () Contraindications exist for pharmacologic propher BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] [] Place/Maintain sequential compression device []	Ingical nylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous

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[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp	
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1
	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCI GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCI GREATER than 30 mL/min	Starting S+1
	For Patient weight of 140 kg or GREATER and CrCI GREATER than 30
	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
() MODERATE Risk of DVT - Non-Surgical (Selection	
Required)	
Moderate Risk Definition	
	echanical prophylaxis is optional unless pharmacologic is
contraindicated.	condition prophylaxis is optional amoss pharmacologic is
One or more of the following medical conditions:	
	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
, <u>,</u>	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selecti	on
Required)	
() Contraindications exist for pharmacologic prop	hylaxis - "And" Linked Panel
Order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
proprisione	contraindication(s):
[] Place/Maintain sequential compression	Routine, Continuous
device continuous	

[]	Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
()	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
()	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 CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
	heparin (porcine) injection (Recommended 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:
_		
	GH Risk of DVT - Surgical (Selection Required)	
Hig	h Risk Definition	must be addressed
Hig Bot	h Risk Definition h pharmacologic AND mechanical prophylaxis	must be addressed.
Hig Bot On	h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions:	
Hig Bot On Thr	h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions:	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Hig Bot On Thr or p Sev	h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Hig Bot On Thr or p Sev Ac	h Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: combophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Hig Bot On Thr or p Sev Ac Mu	h Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: combophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Hig Bot On Thr or p Sev Ac Mu Abo	h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Hig Bot One Thr or p Sev Ac Mu Abo	h Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: combophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Hig Bot Thr or p Sev Ac Mu Abo Acu His	h Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: combophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Hig Bot Thr or p Sev Ac Mu Abo Acu His	h Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: combophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Hig Bot On Thr or p Sev Act His 	h Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: combophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once
Hig Bot On Thr or p Sev Ac Acu His	h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia brotein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required)	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once al Patient Routine, Once
Hig Bot On Thr or p Sev Ac Acu His	h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required)	Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following
Hig Bot On Thr or p Sev Ac Acu His	h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia brotein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required)	Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Hig Bot On Thr or p Sev Ac Acu His	 Ih Risk Definition Ih pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: rombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Resp 	Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

 () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
 HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: 	must be addressed.
 HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
 HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
 HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
 HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once
 HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once Surgical
 HIGH Risk of DVT - Non-Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical
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 HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S
 HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Non-Servet (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
 HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S

() 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 () heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio	n
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	s must be addressed
One or more of the following medical conditions:	
	ant mutational antioardialinin antibady avadrama: antithramhin, protain C
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	nvalanralitarativa algordargi
Severe fracture of hip, pelvis or leg	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	
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	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	
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	
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	
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	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	Routine, Once
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE] High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o	Routine, Once r Knee
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE] High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Response	Routine, Once r Knee
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE] High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	Routine, Once r Knee se)
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE] High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic	Routine, Once r Knee se) Routine, Once
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE] High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following
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Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE] High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications:
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE] High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE] High Risk (Selection Required) [] High Risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res (Selection Required)	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 sponse)
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 sponse) 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE High Risk (Selection Required) [] High risk of VTE] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res (Selection Required)	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 sponse)
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 sponse) 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE High Risk (Selection Required) High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	Routine, Once r Knee see) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE High Risk (Selection Required) High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For	Routine, Once r Knee See) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	Routine, Once r Knee see) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.

()		
	enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	GREATER and CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min
$\overline{()}$	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 medicatio
		Contraindicated in patients LESS than 50kg, prior to surgery/invasive
		procedure, or CrCI LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
	knee arthroplasty planned during this	To be Given on Post Op Day 1.
	admission	Indications:
	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
()		Indication:
$\overline{()}$	Dharmany consult to manage worferin	
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	· · ·	
R	lechanical Prophylaxis (Single Response) (Se Required)	
• • •	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
	Place/Maintain sequential compression device continuous	Routine, Continuous
	ent currently has an active order for therapeut coagulant or VTE prophylaxis	ic Routine, Once No pharmacologic VTE prophylaxis because: patient is
		already on therapeutic anticoagulation for other indication.
	V Risk of DVT (Selection Required)	already on therapeutic anticoagulation for other indication.
Low	Risk Definition	already on therapeutic anticoagulation for other indication. Therapy for the following:
Low	· · · ·	already on therapeutic anticoagulation for other indication. Therapy for the following:
Low Age	Risk Definition less than 60 years and NO other VTE risk fac	already on therapeutic anticoagulation for other indication. Therapy for the following:
Low Age	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require	already on therapeutic anticoagulation for other indication. Therapy for the following:
Low Age	Risk Definition less than 60 years and NO other VTE risk fac	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once
Low Age	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga
Low Age [] L ()	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation
Low Age []_L () MOI	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation
Low Age [] L () MOI MOI	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re derate Risk Definition	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired)
Low Age [] L () MOI Moc Pha	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re derate Risk Definition rmacologic prophylaxis must be addressed. N	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge early ambulation
Low Age [] L () MOI Moc Pha cont	P Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re derate Risk Definition rmacologic prophylaxis must be addressed. M traindicated.	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge early ambulation equired)
Low Age [] L () MOI Moc Pha cont One	PRisk Definition Pless than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re derate Risk Definition Irmacologic prophylaxis must be addressed. M traindicated. or more of the following medical conditions:	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge early ambulation equired) fechanical prophylaxis is optional unless pharmacologic is
Low Age [] L () MOI Moc Pha cont One CHF	 Risk Definition less than 60 years and NO other VTE risk factors ow Risk (Single Response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Rederate Risk Definition Irmacologic prophylaxis must be addressed. Not traindicated. or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamediate 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Age [] L () MOI Moc Pha cont One CHF stro	 Risk Definition less than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories that following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease 	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) fechanical prophylaxis is optional unless pharmacologic is
Low Age [] L () MOI Moc Pha cont One CHF stro Age	 Risk Definition less than 60 years and NO other VTE risk factors ow Risk (Single Response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Rederate Risk Definition Irmacologic prophylaxis must be addressed. Not traindicated. or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamediate 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Age [] L () MOI Moc Pha cont One CHF strol Age Cen	 Risk Definition less than 60 years and NO other VTE risk factors and Risk (Single Response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Reduced a construction of the following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease a 60 and above train line 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Age [] L () MOI Moc Pha cont One CHF stro Age Cen Hist	 Risk Definition less than 60 years and NO other VTE risk factors and Relate Risk (Single Response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Relaterate Risk Definition Internation Internatio	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Low Age [] L () MOI Moc Pha cont One CHF stro Age Cen Hist Anti	Risk Definition eless than 60 years and NO other VTE risk factor ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re- derate Risk Definition rmacologic prophylaxis must be addressed. Not traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease 60 and above trainal line ory of DVT or family history of VTE cipated length of stay GREATER than 48 hou	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Low Age [] L () MOI Moc Pha cont One CHF stro Age Cen Hist Anti Less	 Risk Definition less than 60 years and NO other VTE risk factors and NO other VTE risk factors and NO other VTE risk factors and Relate Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Relate Risk Definition Immacologic prophylaxis must be addressed. Note and response) (Selection Relaters and Relate Risk Definition Immacologic prophylaxis must be addressed. Note and response) (Selection Relaters and Relate Risk Definition Immacologic prophylaxis must be addressed. Note and response) (Selection Relaters Risk Definition Immacologic prophylaxis must be addressed. Note and response) (Selection Relaters Risk Definition Immacologic prophylaxis must be addressed. Note and Relaters Risk Definition Immacologic disease, sickle cell disease 60 and above Intral line Immacologic disease, sickle cell disease for a disease disease disease for a disease	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Low Age [] L () MOI Moc Pha cont One CHF stro Age Cen Hist Anti Less Estr	 Risk Definition less than 60 years and NO other VTE risk factors and Robinson of VTE risk factors and Robinson Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Reduced Low risk of VTE DERATE Risk Definition Immacologic prophylaxis must be addressed. Note that the following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease of 0 and above the following of VTE cipated length of stay GREATER than 48 hours than fully and independently ambulatory rogen therapy 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Low Age [] L () MOI Moc Pha cont One CHF stro Age Cen Hist Anti Less Estr Moc	 Risk Definition less than 60 years and NO other VTE risk factors and Robinson of VTE risk factors and Robinson Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Reduired Berate Risk Definition Irmacologic prophylaxis must be addressed. Note and rease of the following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease af a bove to a bove the following of VTE cipated length of stay GREATER than 48 hou is than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Low Age () () MOI Moc Pha cont One CHF stro Age Cen Hist Anti Less Estr Moc	 Risk Definition less than 60 years and NO other VTE risk factors and Robinson of VTE risk factors and Robinson Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Reduced Low risk of VTE DERATE Risk Definition Immacologic prophylaxis must be addressed. Note that the following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease of 0 and above the following of VTE cipated length of stay GREATER than 48 hours than fully and independently ambulatory rogen therapy 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome

	Patient (Single Response) (Selection Required	
()	Contraindications exist for pharmacologic prop BUT order Sequential compression device	ohylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Place/Maintain sequential compression device continuous	Routine, Continuous
()	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	ohylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
()) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
()) patients weight between 100-139 kg AND CrCI GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
()) patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min
()	fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
$\overline{()}$	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Se Required)	lection
	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
()	Place/Maintain sequential compression device continuous	Routine, Continuous

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	
 [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	Routine, Once
 Contraindications exist for pharmacologic prop Order Sequential compression device 	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 () heparin (porcine) injection (Recommended 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)		
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.	
[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
	ligh Risk Pharmacological Prophylaxis - Surgical Patient	
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):	
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	oonse)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1	
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min	
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of	
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.	
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM	
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.	
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
() HIGH Risk of DVT - Non-Surgical (Selection Requ	ired)	
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.	
[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Non-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, Starting S+1	
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min	
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min	
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min	

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

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
DVT Risk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk facto	ors
[] Low Risk (Single Response) (Selection Required	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() MODERATE Risk of DVT - Surgical (Selection Req Moderate Risk Definition	
contraindicated.	chanical prophylaxis is optional unless pharmacologic is
stroke, rheumatologic disease, sickle cell disease, l Age 60 and above	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous eg swelling, ulcers, venous stasis and nephrotic syndrome
Central line History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	
Less than fully and independently ambulatory Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required)	ırgical
() Contraindications exist for pharmacologic proph BUT order Sequential compression device	nylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 Contraindications exist for pharmacologic proph AND mechanical prophylaxis 	nylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 enoxaparin (LOVENOX) injection (Single Response) (Selection Required) 	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
ripted on 7/20/2020 at 1:12 DM from SLID	Dage 20 of 2

	() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCI GREATER than 30 mL/min
	() fondaparinux (ARIXTRA) injection	 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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
	() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
	() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	MODERATE Risk of DVT - Non-Surgical (Selectio Required) Moderate Risk Definition	n
		nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
[Moderate Risk (Selection Required)	
_	[] Moderate risk of VTE	Routine, Once
] [Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	tion
	() Contraindications exist for pharmacologic prop Order Sequential compression device	-
	[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	[] Place/Maintain sequential compression device continuous	Routine, Continuous
	() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	-
	 Contraindications exist for pharmacologic prop AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	 Contraindications exist for pharmacologic prop AND mechanical prophylaxis Contraindications exist for pharmacologic 	Routine, Once No pharmacologic VTE prophylaxis due to the following
	 Contraindications exist for pharmacologic prop AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	 Contraindications exist for pharmacologic prop AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis Contraindications exist for mechanical prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

ubcutaneous, 2 times daily, Starting S ents weight 140 kg or GREATER and CrCl GREATER than 30 ubcutaneous, daily ent does not have a history of or suspected case of
nduced Thrombocytopenia (HIT), do NOT order this n. Contraindicated in patients LESS than 50kg, prior to vasive procedure, or CrCl LESS than 30 mL/min nt has a history of or suspected case of Heparin-Induced cytopenia (HIT):
ts, subcutaneous, every 8 hours
ts, subcutaneous, every 12 hours
ended for patients with high risk of bleeding, e.g. weight LESS and age GREATER than 75yrs.
at 1700
til discontinued, Starting S :
ative disorders)
Dince
Dince
acologic VTE prophylaxis due to the following
acologic VTE prophylaxis due to the following cation(s):
acologic VTE prophylaxis due to the following
acologic VTE prophylaxis due to the following cation(s): subcutaneous, daily at 0600, Starting S+1 subcutaneous, daily at 0600, Starting S+1 ents with CrCL LESS than 30 mL/min subcutaneous, 2 times daily at 0600, 1800, Starting S+1
acologic VTE prophylaxis due to the following cation(s): ubcutaneous, daily at 0600, Starting S+1 subcutaneous, daily at 0600, Starting S+1 ents with CrCL LESS than 30 mL/min subcutaneous, 2 times daily at 0600, 1800, Starting S+1 ents weight between 100-139 kg and CrCl GREATER than 30 subcutaneous, 2 times daily at 0600, 1800, Starting S+1 ents weight 140 kg or GREATER and CrCl GREATER than 30
n li s s ie s

() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
()	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN) [] Mechanical Prophylaxis (Single Response) (Se	Indication:
 Mechanical Prophylaxis (Single Response) (Se Required) 	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
History of PE I High Risk (Selection Required) [] High risk of VTE I High Risk Pharmacological Prophylaxis - Non-3	Routine, Once Surgical
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily 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
CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND	 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S
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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30
 CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND	 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg 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
 CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
 CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive
 CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.
 CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection	 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
 CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
 CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
 CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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.
 CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 () Place/Maintain sequential compression device continuous 	Routine, Continuous
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	on
Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	
	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; r Severe fracture of hip, pelvis or leg	nyeloproliferative disorders)
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Hip c	Routine, Once
 [] High Risk Pharmacological Prophylaxis - Hip c (Arthroplasty) Surgical Patient (Single Respon (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
	Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or GREATER and CrCl GREATER than 30	Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
() honorin (norgina) injection	Thrombocytopenia (HIT):
 () heparin (porcine) injection () heparin (porcine) injection (Recommended 	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
knee arthroplasty planned during this admission	To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1

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

Labs Labs

[] Lactic acid, plasma	Once
[] Comprehensive metabolic panel	Once
[] Troponin I	Once
[] TSH	Once
[] T4, free	Once
[] T3	Once
[] Hemoglobin A1c	Once
[] Digoxin level	Once
[] Anti Xa, unfractionated	Once
[] Ionized calcium	Once
[] Hepatic function panel	Once
[] Amylase	Once
[] Lipase	Once
[] CBC and differential	Once
[] Prothrombin time with INR	Once
[] Partial thromboplastin time	Once
[] Blood gas, arterial	Once
[] D-dimer, quantitative	Once
[X] Lipid panel	Once

Repeating Labs

[] Troponin I	Once For 3 Occurrences
[] Comprehensive metabolic panel	AM draw repeats For 3 Occurrences
[] CBC with platelet and differential	AM draw repeats For 3 Occurrences
[] Ionized calcium	AM draw repeats For 3 Occurrences
[] Potassium	Conditional Frequency
	Recheck potassium level 2 hours post IV infusion or 4 hours post oral intake
[] Blood gas, arterial	AM draw repeats, Starting S with First Occurrence Include Now For 3 Days

Microbiology

[] Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[] Sputum culture	Once, Sputum
[] Urinalysis screen and microscopy, with reflex to	o culture Once Specimen Source: Urine Specimen Site:

Cardiology Cardiology [] ECG 12 lead for chest pain on admission Routine. Once **Clinical Indications: Chest Pain** Interpreting Physician: For chest pain on admission [] ECG 12 lead daily x 3 at 5 am Routine, Conditional Frequency For 3 Days Clinical Indications: Cardiac Arrhythmia Interpreting Physician: Daily at 5am to evaluate anti arrhythmic therapy. Cardiac patients to include patient on anti-arrhythmics Routine, Conditional Frequency For 999 Occurrences [] ECG 12 lead with new episode of chest pain Clinical Indications: Chest Pain Interpreting Physician: Perform for each new episode of acute chest pain and notify provider [] Echocardiogram 2d complete with contrast STAT, 1 time imaging [] Echocardiogram 2d complete with contrast Routine, 1 time imaging, Starting S [] Echocardiogram 2d complete with contrast Routine, 1 time imaging, Starting S+1 In am

Imaging

X-Ray

[] Chest 1 Vw Portable

STAT, 1 time imaging For 1 On admission

Other Studies

Respiratory

Respiratory

[V] Owners thereasy	Douting Continuous
[X] Oxygen therapy	Routine, Continuous
	Device: Nasal Cannula
	Rate in liters per minute: 2 lpm
	Rate in tenths of a liter per minute:
	O2 %:
	Titrate to keep O2 Sat Above: 92%
	Indications for O2 therapy:
[] Incentive spirometry	Routine, Every hour
	While awake

Rehab

Consults

Ancillary Consults

[] Consult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:
[] Consult 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:
[] Consult PT wound care	Special Instructions: Location of Wound?

[] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply):
	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:
[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Speech Language Pathology	Routine, Once
	Reason for consult:
[] Consult to Wound Ostomy Care nurse	Reason for consult:
	Consult for NPWT:
	Reason for consult:
[] Consult to Respiratory Therapy	Reason for Consult?
Additional Orders	