Adult Community-Acquired Pneumonia Admission [4730]

General	
Common Present 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 Extremities	Details
[] Anemia	Details
[] Bacteremia	Details
Bipolar disorder, unspecified	Details
[] Cardiac Arrest	Details
[] Cardiac Dysrhythmia	Details
[] Cardiogenic Shock	Details
[] Decubitus Ulcer	Details
Dementia in Conditions Classified Elsewhere	Details
Disorder of Liver	Details
[] Electrolyte and Fluid Disorder	Details
[] Intestinal Infection due to Clostridium Difficile	Details
Methicillin Resistant Staphylococcus Aureus Infection	Details
Destructive 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 Mention of Complication, Not Stated as Uncontrolled	Details
[] Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selection R	
() Admit to inpatient	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.

() Admit to IP- University Teaching Service	Admitting Physician:
	Resident Physician:
	Resident team assignment: Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgement
	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.
	To reach the team taking care of this patient please call the
	University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be
	paged. The team name is listed in both "Treatment Teams"
	and "Notes from Clinical Staff" sections in the
	Summary\Overview tab of Epic.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
) UTS - Outpatient observation services under general	Admitting Physician:
supervision	Resident Physician:
	Resident team assignment: Patient Condition:
	Bed request comments:
	To reach the team taking care of this patient please call the
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Admission or Observation (Single Response) Patient has active status order on file () Admit to inpatient () Admit to IP- University Teaching Service () Outpatient observation services under general	Summary\Overview tab of Epic. Admitting Physician: Bed request comments: 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. Admitting Physician: Resident Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement 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. To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician:
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() UTS - Outpatient observation services under general supervision	Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission (Single Response) Patient has active status order on file.	
() Admit to inpatient	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.
Admission or Observation (Single Response) (Selection Re	equired)
() Admit to inpatient	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	Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission or Observation (Single Response) Patient has status order on file	
() Admit to inpatient	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	Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Code Status	
[] Full code [] DNR (Selection Required) [] DNR (Do Not Resuscitate) Does pa	Code Status decision reached by: atient have decision-making capacity?
DOGS PC	anone have decicion making dapatity:

[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider:
Consult to Social Work	Enter call back number: 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 - TB Precautions	
[X] Airborne isolation status	Details
Precautions	
Aspiration precautions	Details
Fall precautions	Increased observation level needed:
Latex precautions	Details
] Seizure precautions	Increased observation level needed:
Nursing	
Vital Signs	
X] Vital Signs-Per unit Protocol	Routine, Per unit protocol
Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
[] Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
Activity	
[X] Activity (specify)	Routine, Until discontinued, Starting S Specify: Activity as tolerated
Nursing	
] Intake and output	Routine, Every 8 hours
X] Pneumococcal and influenza vaccine	Routine, Until discontinued, Starting S
[] Tobacco cessation education	Routine, Once If patient is a current smoker or has smoked in the past 12 months.
Diet	
[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:

[X] Diet -	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
Medications All doses are for patients with normal renal function	n.
PPD Skin Test	
[] tuberculin injection	5 Units, intradermal, once, For 1 Doses
Antipyretics (Single Response)	
() acetaminophen (TYLENOL) tablet	500 mg, oral, every 4 hours PRN, fever, Fever GREATER than 100.5 F
Respiratory	
[] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 4 hours PRN, wheezing Aerosol Delivery Device:
[] ipratropium (ATROVENT) 0.02 % nebulizer soluti	·
Antitussives (Single Response)	
() guaiFENesin (MUCINEX) 12 hr tablet	1,200 mg, oral, every 12 hours PRN, cough
() benzonatate (TESSALON) capsule	200 mg, oral, every 8 hours PRN, cough
Empiric Antibacterial Therapy (Single Response) Select one of the following indications: () Mild to Moderate (Non-ICU) Pneumonia (Single	
Response)	
() cefTRIAXone (ROCEPHIN) 1 g IV + azithromy (ZITHROMAX) 500 mg IV	cin "And" Linked Panel
[] cefTRIAXone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours, For 7 Doses Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
[] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 5 days given clinical improvement
() If Penicillin Allergic - levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 5-7 days given

() Severe (ICU) Pneumonia (Single Response)

cefTRIAXone (ROCEPHIN) IV azithromycin (ZITHROMAX) IV cefTRIAXone (ROCEPHIN) 1 g IV + levofloxacir	1 g, intravenous, for 30 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 7 days give clinical improvement 500 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 5 days give
cefTRIAXone (ROCEPHIN) 1 g IV + levofloxacir	Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 7 days give clinical improvement 500 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 5 days give
cefTRIAXone (ROCEPHIN) 1 g IV + levofloxacir	patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 7 days give clinical improvement 500 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 5 days give
cefTRIAXone (ROCEPHIN) 1 g IV + levofloxacir	clinical improvement 500 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 5 days give
cefTRIAXone (ROCEPHIN) 1 g IV + levofloxacir	Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Sepsis: Recommended duration is dependent upon patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 5 days give
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	patient's clinical response and source identification Recommendation: Respiratory: Recommended duration of 5 days give
	Recommendation: Respiratory: Recommended duration of 5 days give
	clinical improvement
(LEVAQUIN) 750 mg IV	n "And" Linked Panel
] cefTRIAXone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours
	Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract
	Recommendation: Respiratory: Recommended duration of 7 days give
1. Javaflavasia / LEVA OLJINIVIV	clinical improvement
] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Reason for Therapy: Bacterial Infection Suspected
	Indication: Respiratory Tract
	Recommendation: Respiratory: Recommended duration of 5-7 days given clinical improvement
If Penicillin Allergic - levofloxacin (LEVAQUIN) 7	<u> </u>
+ aztreonam (AZACTAM) 2 gram IV levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours
[] levofloxacin (LEVAQUIN) IV	Reason for Therapy: Bacterial Infection Suspected
	Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 5-7 days
	given clinical improvement
] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours
	Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract
Suspected Pseudomonal Pneumonia (Single Resp	· · · · · · · · · · · · · · · · · · ·
ceFEPime 2 g IV + levofloxacin 750 mg IV] ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours
1 CEL EL MIC (WAVEL INVE) IV	Reason for Therapy: Bacterial Infection Suspected
	Indication: Respiratory Tract
	Recommendation: Respiratory: Recommended duration of 7 days give clinical improvement
] levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, every 24 hours
	Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract
	Recommendation: Respiratory: Recommended duration of 5-7 days
	given clinical improvement
ceFEPime 2 g IV + azithromycin 500 mg IV] ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours
] Cel El line (MAXII IME) IV	Reason for Therapy: Bacterial Infection Suspected
	Indication: Respiratory Tract
	Recommendation: Respiratory: Recommended duration of 7 days give clinical improvement
] azithromycin (ZITHROMAX)	500 mg, intravenous, for 60 Minutes, every 24 hours
	Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract
	Recommendation: Respiratory: Recommended duration of 5 days give clinical improvement

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[] levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, every 24 hours Reason for Therapy: Bacterial Infection Suspected
	Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 5-7 days given clinical improvement
[] tobramycin 5 mg/kg IV	
[] tobramycin (TOBREX) 5 mg/kg IVPB	5 mg/kg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract
[] Pharmacy consult to dose tobramycin	STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Community-Acquired Pneumonia
If MRSA Suspected + MRSA PCR (Single Respon	nse)
() vancomycin (VANCOCIN) IV + Pharmacy Consu Dose (Selection Required)	ult to
[] vancomycin (VANCOCIN)	20 mg/kg, intravenous, once, For 1 Doses Reason for Therapy: Bacterial Infection Suspected
	Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Community-Acquired Pneumonia
[] MRSA PCR	Once For 1 Occurrences, Nares
() If Vancomycin Allergic: linezolid 600 mg IV + MF	
[] linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract
	Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
[] MRSA PCR	Once For 1 Occurrences, Nares
If Influenza highly suspected:	
[] oseltamivir (TAMIFLU) capsule	75 mg, oral, 2 times daily Reason for Therapy:
VTE	
DVT Risk and Prophylaxis Tool (Single Respons	
	URL: "\appt1.pdf"
() Patient currently has an active order for theraper anticoagulant or VTE prophylaxis	nutic 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 for	actors
[] Low Risk (Single Response) (Selection Requi	ired)
() 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 F	· · · · · · · · · · · · · · · · · · ·

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

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

[] Mechanical Prophylaxis (Single Response) (S Required)	Selection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() MODERATE Risk of DVT - Non-Surgical (Select	tion

Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Select	ion
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 contraindication(s):
Place/Maintain sequential compression	Routine, Continuous
device continuous	readine, communication
() Contraindications exist for pharmacologic prop	hylaxis "And" Linked Panel
AND mechanical prophylaxis [] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
P. SP. Manne	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() enoxaparin (LOVENOX) injection (Single Resp	contraindication(s):
(Selection Required)	ouise)
() 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
() (') (1) (1) (1) (1) (1) (1) (1) (1) (1)	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30
CICI GREATER (Half 30 HIE/HIII)	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
() () () () () () () ()	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily 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):

() has a 'a fa ana'a a 'a 'a a 'a a 'a a 'a a	F 000 He'/s and a day a series of hours
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700
(, (=== , ,	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
() Mechanical Prophylaxis (Single Response) (Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriylaxis	contraindication(s):
() Diago/Maintain aggregation aggregation	· ,
() Place/Maintain sequential compression	Routine, Continuous
device continuous	<u> </u>
[] Mechanical Prophylaxis (Single Response) (S	election
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 (Selection Required	(k
High Risk Definition	
Dath abanca salasia AND salabasiasl salabasiasl	and the self-december of

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgica (Single Response) (Selection Required)	al Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] 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 Responsition (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	
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours	
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.	
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	

Mechanical Prophylaxis (Single Response) (Selection Required)

()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression device continuous	Routine, Continuous
) HI	GH Risk of DVT - Surgical (Hip/Knee) (Selection	

HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

Required)

[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
admission	
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() 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) (Sele Required)	ction
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
DVT Risk and Prophylaxis Tool (Single Response) (Selection Required) URL: "\appt1.pdf"
() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() LOW Risk of DVT (Selection Required)	<u> </u>
Low Risk Definition Age less than 60 years and NO other VTE risk factor	prs
[] 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	uired)
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Me	chanical prophylaxis is optional unless pharmacologic is
contraindicated.	
stroke, rheumatologic disease, sickle cell disease, I 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	
[] 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
[] Contraindications exist for mechanical prophylaxis	contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	· · ·
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, 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 of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() MODERATE Risk of DVT - Non-Surgical (Selection Required)	on
contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	rs
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	Pouting Once

Routine, Once

[] Moderate Risk Pharmacological Prophylaxis -

Non-Surgical Patient (Single Response) (Selection

[] Moderate risk of VTE

Required)

() Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
[] Place/Maintain sequential compression device continuous	Routine, Continuous	
 () Contraindications exist for pharmacologic pro AND mechanical prophylaxis 	phylaxis "And" Linked Panel	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1	
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min	
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours	
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.	
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
() Mechanical Prophylaxis (Single Response) (Selection Required)		
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
() Place/Maintain sequential compression device continuous	Routine, Continuous	
HIGH Risk of DVT - Surgical (Selection Required		
Address both pharmacologic and mechanical pro	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.	
[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Surgi (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 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 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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, 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	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
	H Risk of DVT - Non-Surgical (Selection Requ	·
Add	iress both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
	ligh Risk (Selection Required)	
	High risk of VTE	Routine, Once
P	ligh Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	<u> </u>
` '	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
		contraindication(s):
	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	contraindication(s):
	enoxaparin (LOVENOX) injection (Single Resp (Selection Required) enoxaparin (LOVENOX) syringe	contraindication(s):
	(Selection Required)	contraindication(s): ponse)
()	(Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min	contraindication(s): donse) 40 mg, subcutaneous, daily, Starting S+1 30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
()	(Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	contraindication(s): 40 mg, subcutaneous, daily, Starting S+1 30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, every 12 hours at 0900, 2100
() () () ()	(Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min fondaparinux (ARIXTRA) injection	contraindication(s): 40 mg, subcutaneous, daily, Starting S+1 30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, every 12 hours at 0900, 2100 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):
() () () ()	(Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min fondaparinux (ARIXTRA) injection	contraindication(s): 40 mg, subcutaneous, daily, Starting S+1 30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, every 12 hours at 0900, 2100 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
() () () () ()	(Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min fondaparinux (ARIXTRA) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	contraindication(s): donse) 40 mg, subcutaneous, daily, Starting S+1 30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, every 12 hours at 0900, 2100 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
() () () () ()	(Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended)	contraindication(s): 40 mg, subcutaneous, daily, Starting S+1 30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, every 12 hours at 0900, 2100 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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. [] High Risk (Selection Required) [] High risk of VTE Routine, Once [] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic Routine, Once prophylaxis No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet 162 mg, oral, daily, Starting S+1 () Apixaban and Pharmacy Consult (Selection Required) [] apixaban (ELIQUIS) tablet 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis [] Pharmacy consult to monitor apixaban STAT, Until discontinued, Starting S (ELIQUIS) therapy Indications: VTE prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600, Starting S+1 () enoxaparin (LOVENOX) syringe 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min For Patients with CrCL LESS than 30 mL/min. enoxaparin (LOVENOX) syringe - For 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Patients weight between 100-139 kg and Starting S+1 CrCl GREATER than 30 mL/min For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. () enoxaparin (LOVENOX) syringe - For 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Patients weight between 140 kg or Starting S+1 GREATER and CrCl GREATER than 30 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min mL/min () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 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 and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or 10 mg, oral, daily at 0600 (TIME CRITICAL) knee arthroplasty planned during this Indications: VTE prophylaxis admission [] Pharmacy consult to monitor rivaroxaban STAT, Until discontinued, Starting S (XARELTO) therapy Indications: VTE prophylaxis () warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1 Indication: () Pharmacy consult to manage warfarin STAT, Until discontinued, Starting S (COUMADIN) Indication: **DVT Risk and Prophylaxis Tool (Single Response)** 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 Definitio	n	
Age less than 60 v	years and NO other	VTE risk factors

[] Low Risk (Single Response) (Selection Require	d)
() 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 Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Moderate Risk (Selection Required)	
Moderate risk of VTE	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) 	Surgical
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 3
	mL/min

Thrombocytopenia (HIT):

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() MODERATE Risk of DVT - Non-Surgical (Selection	on
Required)	
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. N	Mechanical prophylaxis is optional unless pharmacologic is

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selection	ion
Required)	
 () Contraindications exist for pharmacologic prop Order Sequential compression device 	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic	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
ριορηγιαλίο	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	
() 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	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	10 10 10000 0400 0400 0400
	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
 Mechanical Prophylaxis (Single Response) (Se Required) 	election
() 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
Mechanical Prophylaxis (Single Response) (Sel Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	yeloproliferative disorders)
or protein S deficiency; hyperhomocysteinemia; my 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)	
or protein S deficiency; hyperhomocysteinemia; my 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 - Surgic	Routine, Once
or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE High Risk (Selection Required) High risk of VTE	Routine, Once
or protein S deficiency; hyperhomocysteinemia; my 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 - Surgic (Single Response) (Selection Required) Contraindications exist for pharmacologic	Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
or protein S deficiency; hyperhomocysteinemia; my 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 - Surgic (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
or protein S deficiency; hyperhomocysteinemia; my 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 - Surgic (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

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

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

Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip or	Knee
(Arthroplasty) Surgical Patient (Single Response	
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection Re	equired)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Resp	onse)
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Starting S+1
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, daily at 0600, Starting S+1
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min.

() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
GREATER and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
(, , , , , , , , , , , , , , , , , , ,	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() Rivaroxaban and Pharmacy Consult (Selection	
Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
,	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sel	ection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
Labs	
Hematology/Coagulation	
CBC with differential - STAT	STAT For 1 Occurrences
CBC with differential	Once
Prothrombin time with INR	Once
D-dimer, quantitative	Once
[] D-dimer, quantitative	Office
Chemistry - HMH	
<u> </u>	
[] Basic metabolic panel	Once
[] Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
[] Comprehensive metabolic panel	Once
[X] Influenza antigen	STAT For 1 Occurrences, Nasopharyngeal
Blood gas, arterial - STAT	STAT For 1 Occurrences
HIV Ag/Ab combination	Once
Cardiac Labs with Repeat	
Troponin I - STAT	STAT For 1 Occurrences
[] Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences
[] 1100011111 Q01110 X Z	Draw 8 hours after previous troponin levels, if applicable.
[] Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences
	Draw 8 hours after previous troponin levels, if applicable.
[] Hoponiiri - Qonis x 3	
	Every 6 hours For 2 Occurrences
[] Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Pray 6 hours after provious troponin levels, if applicable
[] Troponin I - Q6hrs x 2	Draw 6 hours after previous troponin levels, if applicable.
	Draw 6 hours after previous troponin levels, if applicable. Every 6 hours For 3 Occurrences
[] Troponin I - Q6hrs x 2 [] Troponin I - Q6hrs x 3	Draw 6 hours after previous troponin levels, if applicable. Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
[] Troponin I - Q6hrs x 2	Draw 6 hours after previous troponin levels, if applicable. Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable. Every 4 hours For 2 Occurrences
[] Troponin I - Q6hrs x 2 [] Troponin I - Q6hrs x 3	Draw 6 hours after previous troponin levels, if applicable. Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.

[] Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.
Chemistry - HMSL/HMW	
[] Basic metabolic panel	Once
[] Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
Comprehensive metabolic panel Comprehensive metabolic panel	Once
[X] Influenza antigen	Once For 1 Occurrences, Nasopharyngeal
[] Blood gas, arterial - STAT	STAT For 1 Occurrences
[] Rapid HIV 1 & 2	Once
[] Cardiac Labs with Repeat	Office
Troponin I - STAT	STAT For 1 Occurrences
	Every 8 hours For 2 Occurrences
	Draw 8 hours after previous troponin levels, if applicable.
[] Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences
	Draw 8 hours after previous troponin levels, if applicable.
[] Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences
	Draw 6 hours after previous troponin levels, if applicable.
[] Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences
II. Transacia I. O.C.	Draw 6 hours after previous troponin levels, if applicable.
[] Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences
II. Transmin I. Odlara a 2	Draw 4 hours after previous troponin levels, if applicable.
[] Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences
	Draw 4 hours after previous troponin levels, if applicable.
Chemistry - HMSTJ, HMTW, HMSJ, HMWB	
[] Basic metabolic panel	Once
[] Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
[] Comprehensive metabolic panel	Once
[X] Influenza antigen	Once For 1 Occurrences, Nasopharyngeal
Blood gas, arterial - STAT	STAT For 1 Occurrences
[] HIV 1, 2 antibody	Once
[] Cardiac Labs with Repeat	
[] Troponin I - STAT	STAT For 1 Occurrences
[] Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences
	Draw 8 hours after previous troponin levels, if applicable.
[] Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences
	Draw 8 hours after previous troponin levels, if applicable.
[] Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences
	Draw 6 hours after previous troponin levels, if applicable.
[] Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences
	Draw 6 hours after previous troponin levels, if applicable.
[] Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences
	Draw 4 hours after previous troponin levels, if applicable.
[] Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences
	Draw 4 hours after previous troponin levels, if applicable.
Microbiology	
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
[1] Dland Outton: (Associate C.A. L.)	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.
I and the second	SHOULD INE VER DE USEU.

[]	Sputum culture	Once, Sputum C&S Gram Stain is included in the Sputum Culture. Do not wait to give antibiotics if there is any delay in obtaining a sputum sample.
[]	AFB stain	Once, Sputum
Ħ	AFB culture	Once, Sputum
	spiratory Pathogen Panel with COVID-19	Choo, Opalam
	Respiratory Pathogen Panel with COVID-19	
[]	_ · · · · ·	e, Nasopharyngeal, Swab
	Respiratory pathogen panel with COVID-19 OncThis patient may require additional isolation. Please	e, Nasopharyngear, Swab
'	review current active isolation orders and add/chang	Δ
	isolation as outlined in the recommendation below if	C
	necessary.	
-	Current active isolation orders: @HMISOLATION@	
	Current delive locidien ordere. Stimiled Extremes	
	Recommended isolation for COVID:	
	AEROSOL GENERATING TREATMENT/PROCEDUGENERATING TREATMENT/PROCEDURES	NERATING PROCEDURES PATIENT WITH INTERMITTENT URES CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL utection Standard + Modified Droplet + Contact + Eye Protection
	otalidata i Aliborno i Contact i Lyc i Idection	
	Acute care patient with no aerosol generating procedures	
	•	iclude eye protection
		iclude eye protection
	[] Patient with intermittent aerosol generating	
	treatment/procedures	
	·	iclude eye protection
		iclude eye protection
	[] Critical care patient with continuous aerosol genera	, ,
	treatment/procedures	g
	Airborne isolation status	clude eye protection
		iclude eye protection
	11	
Re	spiratory Pathogen Panel with COVID-19	
[]	Respiratory Pathogen Panel with COVID-19 (Selection	
	Required)	
<u> </u>	Respiratory pathogen panel with COVID-19 Onc	e, Nasopharyngeal, Swab
<u> </u>] Isolation (Selection Required)	
	AEROSOL GENERATING TREATMENT/PROCEDUGENERATING TREATMENT/PROCEDURES	VERATING PROCEDURES PATIENT WITH INTERMITTENT VERS CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL **********************************
	Standard + Airborne + Contact + Eye Protection	stection Standard + Modified Droplet + Contact + Eye Protection
	[] Acute care patient with no aerosol generating procedures	
	· · · · · · · · · · · · · · · · · ·	clude eye protection
	• •	clude eye protection
	[] Patient with intermittent aerosol generating	
	treatment/procedures	
		clude eye protection
	• •	clude eye protection
	[] Critical care patient with continuous aerosol genera treatment/procedures	ting

[] Airborne isolation status	Include eye protection
[] Contact isolation status	Include eye protection
Cardiology	
2-Lead ECG	
] ECG 12 lead	Routine, Once Clinical Indications: Shortness of Breath Interpreting Physician:
maging	
Diagnostic CT	
] CT Chest Wo Contrast	Routine, 1 time imaging For 1
Diagnostic X-Ray	
Chest 1 Vw Portable	STAT, 1 time imaging For 1
Chest 2 Vw	STAT, 1 time imaging For 1
Consults	
For Physician Consult orders use sidebar	
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	Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Consult PT wound care Consult OT eval and treat	Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound? 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):
-	Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound? 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: Reason For Consult?
Consult OT eval and treat	Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound? 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 OT eval and treat Consult to Nutrition Services Consult to Spiritual Care	Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound? 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: Reason For Consult? Purpose/Topic: Reason for consult? Routine, Once
Consult OT eval and treat Consult to Nutrition Services Consult to Spiritual Care	Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Special Instructions: Location of Wound? 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: Reason For Consult? Purpose/Topic: Reason for consult?