

**General**

**Common Present on Admission Diagnosis**

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

**Admission or Observation (Single Response) (Selection Required)**

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.

<input type="checkbox"/> 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.
<input type="checkbox"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
<input type="checkbox"/> 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.
<input type="checkbox"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:

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

<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:

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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.

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Outpatient in a bed - extended recovery

Admitting Physician:  
Bed request comments:

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**Admission (Single Response)**

Patient has active status order on file.

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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.

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**Admission or Observation (Single Response) (Selection Required)**

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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.

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Outpatient observation services under general supervision

Admitting Physician:  
Patient Condition:  
Bed request comments:

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Outpatient in a bed - extended recovery

Admitting Physician:  
Bed request comments:

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**Admission or Observation (Single Response)**

Patient has status order on file

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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.

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Outpatient observation services under general supervision

Admitting Physician:  
Patient Condition:  
Bed request comments:

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Outpatient in a bed - extended recovery

Admitting Physician:  
Bed request comments:

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**Code Status**

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Full code

Code Status decision reached by:

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DNR (Selection Required)

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DNR (Do Not Resuscitate)

Does patient have decision-making capacity?

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<input type="checkbox"/> Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Modified Code	Does patient have decision-making capacity? Modified Code restrictions:
<input type="checkbox"/> Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:

### Isolation - TB Precautions

<input checked="" type="checkbox"/> Airborne isolation status	Details
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### Precautions

<input type="checkbox"/> Aspiration precautions	Details
<input type="checkbox"/> Fall precautions	Increased observation level needed:
<input type="checkbox"/> Latex precautions	Details
<input type="checkbox"/> Seizure precautions	Increased observation level needed:

## Nursing

### Vital Signs

<input checked="" type="checkbox"/> Vital Signs-Per unit Protocol	Routine, Per unit protocol
<input type="checkbox"/> Telemetry	<b>"And" Linked Panel</b>
<input type="checkbox"/> 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
<input type="checkbox"/> 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

<input checked="" type="checkbox"/> Activity (specify)	Routine, Until discontinued, Starting S Specify: Activity as tolerated
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### Nursing

<input type="checkbox"/> Intake and output	Routine, Every 8 hours
<input checked="" type="checkbox"/> Pneumococcal and influenza vaccine	Routine, Until discontinued, Starting S
<input type="checkbox"/> Tobacco cessation education	Routine, Once If patient is a current smoker or has smoked in the past 12 months.

### Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
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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.

### 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 solution 0.5 mg, nebulization, every 4 hours PRN, wheezing, shortness of breath  
Aerosol Delivery Device:

### 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

## Antibacterials

All doses are for patients with normal renal function.

### Empiric Antibacterial Therapy (Single Response)

Select one of the following indications:

Mild to Moderate (Non-ICU) Pneumonia (Single Response)

ceftriaxone (ROCEPHIN) 1 g IV + azithromycin (ZITHROMAX) 500 mg IV

#### "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 clinical improvement

Severe (ICU) Pneumonia (Single Response)

<input type="checkbox"/> cefTRIAxone (ROCEPHIN) 1 g IV + azithromycin (ZITHROMAX) 500 mg IV	<b>"And" Linked Panel</b>
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV	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 given clinical improvement
<input type="checkbox"/> 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
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) 1 g IV + levofloxacin (LEVAQUIN) 750 mg IV	<b>"And" Linked Panel</b>
<input type="checkbox"/> 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 given clinical improvement
<input type="checkbox"/> 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
<input type="checkbox"/> If Penicillin Allergic - levofloxacin (LEVAQUIN) 750 mg IV + aztreonam (AZACTAM) 2 gram IV	<b>"And" Linked Panel</b>
<input type="checkbox"/> 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
<input type="checkbox"/> aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract
<input type="checkbox"/> Suspected Pseudomonal Pneumonia (Single Response)	
<input type="checkbox"/> ceFEPime 2 g IV + levofloxacin 750 mg IV	
<input type="checkbox"/> ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
<input type="checkbox"/> 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
<input type="checkbox"/> ceFEPime 2 g IV + azithromycin 500 mg IV	
<input type="checkbox"/> ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Reason for Therapy: Bacterial Infection Suspected Indication: Respiratory Tract Recommendation: Respiratory: Recommended duration of 7 days given clinical improvement
<input type="checkbox"/> 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 given clinical improvement
<input type="checkbox"/> If Penicillin Allergic - levofloxacin 750 mg IV + tobramycin 5 mg/kg IV	

<input type="checkbox"/> 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
<input type="checkbox"/> tobramycin 5 mg/kg IV	
<input type="checkbox"/> 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
<input type="checkbox"/> 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 Response)**

<input type="checkbox"/> vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
<input type="checkbox"/> 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
<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Community-Acquired Pneumonia
<input type="checkbox"/> MRSA PCR	Once For 1 Occurrences, Nares
<input type="checkbox"/> If Vancomycin Allergic: linezolid 600 mg IV + MRSA PCR <b>"And" Linked Panel</b>	
<input type="checkbox"/> 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
<input type="checkbox"/> MRSA PCR	Once For 1 Occurrences, Nares

**If Influenza highly suspected:**

<input type="checkbox"/> oseltamivir (TAMIFLU) capsule	75 mg, oral, 2 times daily Reason for Therapy:
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**VTE**

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

URL: "\appt1.pdf"

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

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

Mechanical Prophylaxis (Single Response) (Selection Required)

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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

- |   |               |
|---|---------------|
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |
|---|---------------|

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

- |  |                           |
|--|---------------------------|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device | <b>"And" Linked Panel</b> |
|--|---------------------------|

- |  |   |
|--|---|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s): |
|--|---|

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
|--|---------------------|

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis | <b>"And" Linked Panel</b> |
|---|---------------------------|

- |  |   |
|--|---|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s): |
|--|---|

- |   |  |
|---|--|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s): |
|---|--|

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

- |   |   |
|---|---|
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe                                       | 40 mg, subcutaneous, daily at 1700, Starting S+1  |
| <input type="checkbox"/> patients with CrCL LESS than 30 mL/min                             | 30 mg, subcutaneous, daily at 1700, Starting S+1<br>For Patients with CrCL LESS than 30 mL/min  |
| <input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| <input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min  | 40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  |

- |   |  |
|---|--|
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily<br>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<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
|---|--|

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

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

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

<input type="checkbox"/>	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
<input type="checkbox"/>	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/>	Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous

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

URL: "\appt1.pdf"

<input type="checkbox"/>	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
<input type="checkbox"/>	LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk factors	
<input type="checkbox"/>	Low Risk (Single Response) (Selection Required)	
<input type="checkbox"/>	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
<input type="checkbox"/>	MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
<input type="checkbox"/>	Moderate Risk (Selection Required)	
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once
<input type="checkbox"/>	Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>

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

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device		<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis		<b>"And" Linked Panel</b>
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1	
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min	
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	
<input type="checkbox"/> fondaparinux (ARIXTRA) injection		
	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours	
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.	
<input type="checkbox"/> warfarin (COUMADIN) tablet		
	oral, daily at 1700 Indication:	
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)		
	STAT, Until discontinued, Starting S Indication:	
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous	
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Selection Required)		
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.		
<input type="checkbox"/> High Risk (Selection Required)		
<input type="checkbox"/> High risk of VTE	Routine, Once	
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1	

<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required) Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

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

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

URL: "\appt1.pdf"

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

Low Risk Definition  
Age less than 60 years and NO other VTE risk factors

Low Risk (Single Response) (Selection Required)

Low risk of VTE Routine, Once  
Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage 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)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

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

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

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

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

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600, Starting S+1

patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, daily at 0600, Starting S+1  
For Patients with CrCL LESS than 30 mL/min

patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1  
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1  
For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 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):

<input type="checkbox"/>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/>	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> MODERATE Risk of DVT - Non-Surgical (Selection Required)		
Moderate Risk Definition		
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.		
One or more of the following medical conditions:		
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome		
Age 60 and above		
Central line		
History of DVT or family history of VTE		
Anticipated length of stay GREATER than 48 hours		
Less than fully and independently ambulatory		
Estrogen therapy		
Moderate or major surgery (not for cancer)		
Major surgery within 3 months of admission		
<input type="checkbox"/> Moderate Risk (Selection Required)		
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
<input type="checkbox"/>	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
<input type="checkbox"/>	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min
<input type="checkbox"/>	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

<input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
<input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

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

<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of DVT - 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	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
<input type="checkbox"/> Apixaban and Pharmacy Consult (Selection Required)	
<input type="checkbox"/> apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
<input type="checkbox"/> Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

<input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> Rivaroxaban and Pharmacy Consult (Selection Required)	
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
<input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

## Labs

### Hematology/Coagulation

<input type="checkbox"/> CBC with differential - STAT	STAT For 1 Occurrences
<input type="checkbox"/> CBC with differential	Once
<input type="checkbox"/> Prothrombin time with INR	Once
<input type="checkbox"/> D-dimer, quantitative	Once

### Chemistry - HMM

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Influenza antigen	STAT For 1 Occurrences, Nasopharyngeal
<input type="checkbox"/> Blood gas, arterial - STAT	STAT For 1 Occurrences
<input type="checkbox"/> HIV Ag/Ab combination	Once
<input type="checkbox"/> Cardiac Labs with Repeat	
<input type="checkbox"/> Troponin I - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.

<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.
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### Chemistry - HMSL/HMW

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Influenza antigen	Once For 1 Occurrences, Nasopharyngeal
<input type="checkbox"/> Blood gas, arterial - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Rapid HIV 1 & 2	Once
<input type="checkbox"/> Cardiac Labs with Repeat	
<input type="checkbox"/> Troponin I - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.
<input type="checkbox"/> 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

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Influenza antigen	Once For 1 Occurrences, Nasopharyngeal
<input type="checkbox"/> Blood gas, arterial - STAT	STAT For 1 Occurrences
<input type="checkbox"/> HIV 1, 2 antibody	Once
<input type="checkbox"/> Cardiac Labs with Repeat	
<input type="checkbox"/> Troponin I - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.

### Microbiology

<input type="checkbox"/> Blood culture x 2	<b>"And" Linked Panel</b>
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.

<input type="checkbox"/> 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.
<input type="checkbox"/> AFB stain	Once, Sputum
<input type="checkbox"/> AFB culture	Once, Sputum

### Respiratory Pathogen Panel with COVID-19

<input type="checkbox"/> Respiratory Pathogen Panel with COVID-19	
<input type="checkbox"/> Respiratory pathogen panel with COVID-19	Once, Nasopharyngeal, Swab
<input type="checkbox"/> This patient may require additional isolation. Please review current active isolation orders and add/change isolation as outlined in the recommendation below if necessary.	
Current active isolation orders: @HMISOLATION@	
Recommended isolation for COVID:	
ACUTE CARE PATIENT WITH NO AEROSOL GENERATING PROCEDURES PATIENT WITH INTERMITTENT AEROSOL GENERATING TREATMENT/PROCEDURES CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL GENERATING TREATMENT/PROCEDURES Precautions Standard + Droplet + Contact + Eye Protection Standard + Modified Droplet + Contact + Eye Protection Standard + Airborne + Contact + Eye Protection	
<input type="checkbox"/> Acute care patient with no aerosol generating procedures	
<input type="checkbox"/> Droplet isolation status	Include eye protection
<input type="checkbox"/> Contact isolation status	Include eye protection
<input type="checkbox"/> Patient with intermittent aerosol generating treatment/procedures	
<input type="checkbox"/> Modified droplet isolation status	Include eye protection
<input type="checkbox"/> Contact isolation status	Include eye protection
<input type="checkbox"/> Critical care patient with continuous aerosol generating treatment/procedures	
<input type="checkbox"/> Airborne isolation status	Include eye protection
<input type="checkbox"/> Contact isolation status	Include eye protection

### Respiratory Pathogen Panel with COVID-19

<input type="checkbox"/> Respiratory Pathogen Panel with COVID-19 (Selection Required)	
<input type="checkbox"/> Respiratory pathogen panel with COVID-19	Once, Nasopharyngeal, Swab
<input type="checkbox"/> Isolation (Selection Required)	
ACUTE CARE PATIENT WITH NO AEROSOL GENERATING PROCEDURES PATIENT WITH INTERMITTENT AEROSOL GENERATING TREATMENT/PROCEDURES CRITICAL CARE PATIENT WITH CONTINUOUS AEROSOL GENERATING TREATMENT/PROCEDURES Precautions Standard + Droplet + Contact + Eye Protection Standard + Modified Droplet + Contact + Eye Protection Standard + Airborne + Contact + Eye Protection	
<input type="checkbox"/> Acute care patient with no aerosol generating procedures	
<input type="checkbox"/> Droplet isolation status	Include eye protection
<input type="checkbox"/> Contact isolation status	Include eye protection
<input type="checkbox"/> Patient with intermittent aerosol generating treatment/procedures	
<input type="checkbox"/> Modified droplet isolation status	Include eye protection
<input type="checkbox"/> Contact isolation status	Include eye protection
<input type="checkbox"/> Critical care patient with continuous aerosol generating treatment/procedures	

<input type="checkbox"/> Airborne isolation status	Include eye protection
<input type="checkbox"/> Contact isolation status	Include eye protection

## Cardiology

### 12-Lead ECG

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Shortness of Breath Interpreting Physician:
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## Imaging

### Diagnostic CT

<input type="checkbox"/> CT Chest Wo Contrast	Routine, 1 time imaging For 1
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### Diagnostic X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging For 1
<input type="checkbox"/> Chest 2 Vw	STAT, 1 time imaging For 1

## Consults

For Physician Consult orders use sidebar

### Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> 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:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/> 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:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?