Admission Hematology/Oncology [1247]

General

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.
( ) 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 supervision	Admitting Physician: Patient Condition: Bed request comments:
( ) 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 or Observation (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.

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( ) Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
( ) 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)
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Admission or Observation (Single Response) (Selection Required)

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( ) 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

Code Status decision reached by:
if (answer = Legal Surrogate)
Name of Surrogate:
Surrogate Relation:
if (answer = 6. Primary Physician with Concurring Physician)
A Biomedical Ethics Consult is recommended.
I will consult with a second physician, listed below, to co-sign this order.
if (answer = 5. Nearest living relative (specify))
Nearest living relative:

[ ] DNR (Selection Required)

[ ] DNR (Do Not Resuscitate)

Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
if (answer = Yes)
Is the patient's death imminent?
if (answer = Yes)
Code Status decision reached by:
if (answer = Physician per criteria)
I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code medically appropriate?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is Patient imminently dying, regardless of provision of CPR?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
if (answer = No)
Code Status decision reached by:
if (answer = Patient by means of Oral Directive)
Witness 1 Name:
Witness 2 Name:
if (answer = No)
Is the patient's death imminent?
if (answer = Yes)
Code Status decision reached by:

	if (answer = Physician per criteria)
	I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	Is DNR/Modified Code medically appropriate?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	Is Patient imminently dying, regardless of provision of CPR?
	if (answer = No)
	Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:
	if (answer = No)
	Code Status decision reached by:
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:

[ ] Consult to Palliative Care Service	Priority: Reason for Consult? if (answer = Other) Specify: Order? Name of referring provider: Enter call back number:

[ ] Consult to Social Work	Reason for Consult:
	if (answer = Other Specify)
	Specify:
	if (answer = Hospice Referral)
	Evaluate for:

[ ] Modified Code	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
	if (answer = Yes)
	Is the patient's death imminent?
	if (answer = Yes)
	Code Status decision reached by:
	if (answer = Physician per criteria)
	I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.

if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code medically appropriate?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is Patient imminently dying, regardless of provision of CPR?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
if (answer = No)
Code Status decision reached by:
if (answer = Patient by means of Oral Directive)
Witness 1 Name:
Witness 2 Name:
if (answer = No)
Is the patient's death imminent?
if (answer = Yes)
Code Status decision reached by:
if (answer = Physician per criteria)
I have notified/made reasonably diligent effort to notify the patient/family/legal representative that a DNR/Modified Code order has been placed in the patient's medical record.
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code medically appropriate?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is DNR/Modified Code NOT contrary to patient's/surrogate's direction?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
Is Patient imminently dying, regardless of provision of CPR?
if (answer = No)
Order CANNOT Proceed with answer "No". You will not be allowed to Sign this order.
if (answer = Legal Surrogate)
Name of Surrogate:
Surrogate Relation:
if (answer = 6. Primary Physician with Concurring Physician)
A Biomedical Ethics Consult is recommended.
I will consult with a second physician, listed below, to co-sign this order.
if (answer = 5. Nearest living relative (specify))
Nearest living relative:
if (answer = No)
Code Status decision reached by:
if (answer = Legal Surrogate)
Name of Surrogate:
Surrogate Relation:
if (answer = 6. Primary Physician with Concurring

	Physician) A Biomedical Ethics Consult is recommended. I will consult with a second physician, listed below, to co-sign this order. if (answer = 5. Nearest living relative (specify)) Nearest living relative: Modified Code restrictions:

[ ] Treatment Restrictions	Treatment Restriction decision reached by:
	if (answer = Legal Surrogate)
	Name of Surrogate:
	Surrogate Relation:
	if (answer = 6. Primary Physician with Concurring Physician)
	A Biomedical Ethics Consult is recommended.
	I will consult with a second physician, listed below, to co-sign this order.
	if (answer = 5. Nearest living relative (specify))
	Nearest living relative:
	Specify Treatment Restrictions:
	if (answer = Other Treatment Restrictions)
	Specify Other Treatment Restrictions:

Isolation

[ ] Airborne isolation status		
[ ] Airborne isolation status	Details	
[ ] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum	
[ ] Contact isolation status		Details
[ ] Droplet isolation status		Details
[ ] Enteric isolation status		Details

Precautions

[ ] Neutropenic precautions	Details
[ ] Aspiration precautions	Details
[ ] Fall precautions	Increased observation level needed: if (answer = Yes) Level: For: Time:
[ ] Seizure precautions	Increased observation level needed: if (answer = Yes) Level: For: Time:

Nursing

Vital Signs

[ ] Vital signs	Routine, Every shift
[ ] Pulse oximetry	Routine, Every 4 hours Current FIO2 or Room Air:

Activity

[ ] Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
	if (answer = Up in chair)
	Additional modifier:
	if (answer = Other activity (specify))
	Other:

[ ] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges

[ ] Ambulate with assistance	Routine, 3 times daily
	Specify: in hall,with assistance
	if (answer = with assistive device)
	Device:
	if (answer = other (specify))
	Specify:
	Out of room with mask on.

Nursing Care

[ ] Telemetry	**"And" Linked Panel**

[ ] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
	Reason for telemetry:
	if (answer = Other)
	Other:
	Can be off of Telemetry for tests and baths? Yes
	if (answer = No)
	Reason?

[ ] 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
[ ] Intake and output	Routine, Daily
[ ] Height and weight	Routine, Once
[ ] Daily weights	Routine, Daily Every day at 6am
[ ] Insert and maintain Foley	
[ ] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
[ ] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain

[ ] Gastric tube maintenance	Routine, Until discontinued, Starting S
	Drainage:
	if (answer = Place to suction)
	Type of Suction:
	Intervention:
	if (answer = Flush)
	Volume in milliliters:
	Frequency:

[ ] Check residual per nursing protocol	Routine, Every 2 hours If on tube feeds, until evaluated by dietary. Call provider if greater than 200 milliliter.
[ ] No injections - IM	Routine, Until discontinued, Starting S Type of injection: IM
[ ] No rectal temperatures or suppositories	Routine, Until discontinued, Starting S Reason for "No" order:

IV Access

[ ] Initiate and maintain IV	
[ ] Insert peripheral IV	Routine, Once

[ ] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[ ] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
[ ] Ok to use - central line	Routine, Until discontinued, Starting S Device: Central Line if (answer = Other) Other: Including Portacath, PICC, and Hickman.
[ ] PICC insertion request	Routine, Once Unit call back number: Reason for PICC insertion: Transport Method:
[ ] IR Consult To Interventional Radiology	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Notify

[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.4 Temperature less than: Systolic BP greater than: 150 Systolic BP less than: 80 Diastolic BP greater than: 100 Diastolic BP less than: 50 MAP less than: Heart rate greater than (BPM): 130 Heart rate less than (BPM): Respiratory rate greater than: 25 Respiratory rate less than: 10 SpO2 less than: 90
[ ] Notify Provider of admission and room number	Routine, Once For 1 Occurrences, of admission and room number.

Diet

[ ] Diet - Regular	Diet effective now, Starting S
	Diet(s): Regular
	if (answer = IDDSI/Dysphagia)
	IDDSI Solid Consistency:
	if (answer = Other Diabetic/Cal)
	Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Bariatric)
	Bariatric:
	if (answer = Cultural/Special)
	Cultural/Special:
	Advance Diet as Tolerated?
	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:

[ ] Diet - Clear liquids	Diet effective now, Starting S
	Diet(s): Clear Liquids
	if (answer = IDDSI/Dysphagia)
	IDDSI Solid Consistency:
	if (answer = Other Diabetic/Cal)
	Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Bariatric)
	Bariatric:
	if (answer = Cultural/Special)
	Cultural/Special:
	Advance Diet as Tolerated?

	if (answer = Yes) Target Diet: Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:

[ ] Diet - Full liquids	Diet effective now, Starting S
	Diet(s): Full Liquids
	if (answer = IDDSI/Dysphagia)
	IDDSI Solid Consistency:
	if (answer = Other Diabetic/Cal)
	Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Bariatric)
	Bariatric:
	if (answer = Cultural/Special)
	Cultural/Special:
	Advance Diet as Tolerated?
	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:

[ ] Diet - Easy to digest (GERD)	Diet effective now, Starting S
	Diet(s): Easy to digest (GERD)
	if (answer = IDDSI/Dysphagia)
	IDDSI Solid Consistency:
	if (answer = Other Diabetic/Cal)
	Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Bariatric)
	Bariatric:
	if (answer = Cultural/Special)
	Cultural/Special:
	Advance Diet as Tolerated?
	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:

[ ] Diet - Neutropenic	Diet effective now, Starting S
	Diet(s): Neutropenic/Low Bacteria
	if (answer = IDDSI/Dysphagia)
	IDDSI Solid Consistency:
	if (answer = Other Diabetic/Cal)
	Diabetic/Calorie:
	if (answer = Other Protein)
	Protein:
	if (answer = Bariatric)
	Bariatric:
	if (answer = Cultural/Special)
	Cultural/Special:
	Advance Diet as Tolerated?
	if (answer = Yes)
	Target Diet:
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:

[ ] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: if (answer = Other) Specify:

[ ] Tube feeding	Diet effective now, Starting S
	Tube Feeding Formula:
	if (answer = Special Order)
	Special orders are not guaranteed, will be evaluated for appropriateness and availability. When possible, an equivalent product on formulary will be used.
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Formula:
	Tube Feeding Schedule:
	if (answer = Continuous)
	Rate Based or Volume Based Feeding?
	if (answer = Rate Based Feeding)
	Tube Feeding Route:
	Initial Tube Feed rate (mL/hr):
	Initial Feeding rate (mL/hr):
	Advance Rate by (mL/hr):
	if (answer = 10 mL/hr) Or (answer = 15 mL/hr) Or (answer = 20 mL/hr) Or (answer = 25 mL/hr) Or (answer = 30 mL/hr)
	Every (Specify) Hr(s):
	if (answer = Other)
	Specify:
	Goal Tube Feed Rate (mL/hr):
	if (answer = Volume Based Feeding (For Certain ICUs Only))
	Tube Feeding Route:
	if (answer = Nasoenteric)
	Rationale:
	Initial Tube Feed rate (mL/hr):
	Initial Feeding rate (mL/hr):
	Goal Tube Feed Rate (mL/hr):
	Total Fluid Volume in 24 Hours (mL):
	if (answer = Bolus)
	Bolus Route:
	Tube Feeding Bolus (mL):
	Additional Bolus Schedule Instructions:
	if (answer = Cyclic)
	Tube Feeding Route:
	Tube Feeding Cyclic (start / stop time):
	Tube Feeding Cyclic Rate (mL/hr):
	Tube Feeding Schedule:
	if (answer = Continuous)
	Tube Feeding Route:
	Initial Feeding rate (mL/hr):
	Initial Tube Feed rate (mL/hr):
	Advance Rate by (mL/hr):
	if (answer = 10 mL/hr) Or (answer = 15 mL/hr) Or (answer = 20 mL/hr) Or (answer = 25 mL/hr) Or (answer = 30 mL/hr)
	Every (Specify) Hr(s):
	if (answer = Other)
	Specify:
	Goal Tube Feed Rate (mL/hr):
	Goal Feeding Rate (mL/hr):

	Dose Limit (mL):
	if (answer = Bolus)
	Bolus Route:
	Tube Feeding Bolus (mL):
	Feeding rate (mL/hr):
	Additional Bolus Schedule Instructions:
	Dose Limit (mL):
	if (answer = Cyclic)
	Tube Feeding Route:
	Tube Feeding Cyclic (start / stop time):
	Tube Feeding Cyclic Rate (mL/hr):
	Feeding Rate (mL/hr):
	Dose Limit (mL):
	Dietitian to manage Tube Feed?

IV Fluids

IV Fluids (Single Response)

( ) sodium chloride 0.9 % infusion	100 mL/hr, intravenous, continuous
( ) dextrose 5% 1000 mL with sodium acetate 100 mEq injection	100 mL/hr, intravenous, continuous Per HM policy, sodium chloride infusions GREATER THAN 0.9% require an independent double check on administration. Does this infusion contain greater than 0.9% (154 mEq/L) of sodium chloride?
( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	100 mL/hr, intravenous, continuous
( ) Custom IV Fluid	100 mL/hr, intravenous, continuous Per HM policy, sodium chloride infusions GREATER THAN 0.9% require an independent double check on administration. Does this infusion contain greater than 0.9% (154 mEq/L) of sodium chloride?

Medications

Pharmacy Consults

[X] Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S For Until specified Adjust dose for:

Restricted Medications

[ ] No NSAIDs EXcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
[ ] No NSAIDs INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
[ ] No anti-platelet agents EXcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
[ ] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:

Medications Oral

[ ] famotidine (PEPCID) tablet	20 mg, oral, 2 times daily
[ ] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy: if (answer = Other (Specify)) Specify:

[ ] acyclovir (ZOVIRAX) capsule	400 mg, oral, 2 times daily
	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

[ ] allopurinol (ZYLOPRIM) tablet	300 mg, oral, daily
[ ] clotrimazole (MYCELEX) troche	10 mg, buccal, 4 times daily Dissolve in mouth
[ ] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily

[ ] fluconazole (DIFLUCAN) tablet	200 mg, oral, daily
	Reason for Therapy:
	if (answer = Fungal Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Fungal Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Other)
	Specify:

[ ] levofloxacin (LEVAQUIN) tablet	500 mg, oral, daily at 0600
	Reason for Therapy:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Bacterial Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

[ ] nystatin (MYCOSTATIN) suspension	5 mL, oral, every 4 hours
	Reason of Therapy:
	if (answer = Other)
	Specify:
	if (answer = Fungal Infection Documented)
	Indication:
	if (answer = Other)
	Specify:
	if (answer = Fungal Infection Suspected)
	Indication:
	if (answer = Other)
	Specify:

[ ] valACYclovir (VALTREX) tablet	500 mg, oral, daily
	Reason for Therapy:
	if (answer = Viral Infection Suspected)
	Indication:
	if (answer = Viral Infection Documented)
	Indication:
	if (answer = Other)
	Specify:

[ ] posaconazole (NOXAFIL) tablet	300 mg, oral, 2 times daily with meals
	RESTRICTED to Infectious Diseases (ID) and Hematology/Oncology (Heme/Onc) specialists. Are you an ID or Heme/Onc specialist or ordering on behalf of one?
	if (answer = I am ordering on behalf of an approved provider)
	Name of Approved Provider:
	if (answer = NO)
	HM Policy Alert:
	if (answer = Formulary policy override (pharmacist use only))
	RX only: Provide name of secondary pharmacist who provided authorization and open a “Formulary Policy Override” i-Vent:
	Reason for Therapy:
	if (answer = Other)

Specify:
if (answer = Fungal Infection Documented)
Indication:
if (answer = Other)
Specify:
Authorizing ID:
if (answer = Other)
Specify:
if (answer = Fungal Infection Suspected)
Indication:
if (answer = Other)
Specify:
Authorizing ID:
if (answer = Other)
Specify:

Constipation - NOT HMSJ

[ ] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
[ ] polyethylene glycol (MIRALAX) packet	17 g, oral, daily
[ ] bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation
[ ] senna (SENOKOT) tablet	1 tablet, oral, 2 times daily PRN, constipation, stool softening
[ ] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, daily PRN, constipation
[ ] magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation

Constipation - HMSJ Only

[ ] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
[ ] polyethylene glycol (MIRALAX) packet	17 g, oral, daily
[ ] bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation
[ ] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, daily PRN, constipation
[ ] magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation

Medications PRN

[ ] benadryl/lidocaine/maalox (MAGIC MOUTHWASH) suspension	5 mL, Swish & Spit, every 4 hours PRN, mucositis

Antiemetics PRN

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"Or" Linked Panel**
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics PRN

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"Or" Linked Panel**
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.

[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

[ ] promethazine (PHENERGAN) IVPB or Oral or Rectal **"Or" Linked Panel**

[ ] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

VTE

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

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( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] Moderate risk of VTE	Routine, Once
[ ] 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: if (answer = Other) Other anticoagulant therapy:

[ ] Place sequential compression device (Single Response)

( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] Moderate risk of VTE	Routine, Once
[ ] 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: if (answer = Other) Other anticoagulant therapy:

[ ] Place sequential compression device (Single Response)

( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	Routine, Once

[ ] 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:
if (answer = Other)
Other anticoagulant therapy:

[ ] Place sequential compression device (Single Response)

( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE
Routine, Once

[ ] 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:
if (answer = Other)
Other anticoagulant therapy:

[ ] Place sequential compression device (Single Response)

( ) 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

( ) 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 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)
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):
( ) 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)	
[ ] Moderate risk of VTE	Routine, Once
[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	**"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] 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 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once

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

( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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 - Non-Surgical (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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 (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 or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( ) 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 Required)

[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:

( ) 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
( ) 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
( ) Rivaroxaban and Pharmacy Consult (Selection Required)	
[ ] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:
[ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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

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

URL: "\appt1.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)	
( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
[ ] Moderate risk of VTE	Routine, Once

[ ] 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: if (answer = Other) Other anticoagulant therapy:
[ ] Place sequential compression device (Single Response)	
( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] Moderate risk of VTE	Routine, Once
[ ] 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: if (answer = Other) Other anticoagulant therapy:
[ ] Place sequential compression device (Single Response)	
( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	Routine, Once
[ ] 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: if (answer = Other) Other anticoagulant therapy:
[ ] Place sequential compression device (Single Response)	
( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	Routine, Once
[ ] 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: if (answer = Other) Other anticoagulant therapy:
[ ] Place sequential compression device (Single Response)	
( ) 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

( ) 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 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)
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, 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)

[ ] Moderate risk of VTE	Routine, Once

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

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

[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] 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 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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 prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

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

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

[ ] High Risk (Selection Required)	
[ ] High risk of VTE	Routine, Once
[ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
( ) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

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

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

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once

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

( ) 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 Required)

[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:

( ) 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
( ) 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.

( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
( ) Rivaroxaban and Pharmacy Consult (Selection Required)	
[ ] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:
[ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

( ) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

( ) Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
[ ] Moderate risk of VTE	Routine, Once
[ ] 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: if (answer = Other) Other anticoagulant therapy:
[ ] Place sequential compression device (Single Response)	
( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
[ ] Moderate risk of VTE	Routine, Once
[ ] 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: if (answer = Other) Other anticoagulant therapy:
[ ] Place sequential compression device (Single Response)	
( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	Routine, Once
[ ] 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: if (answer = Other) Other anticoagulant therapy:
[ ] Place sequential compression device (Single Response)	
( ) 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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[ ] High risk of VTE	Routine, Once
[ ] 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: if (answer = Other) Other anticoagulant therapy:
[ ] Place sequential compression device (Single Response)	
( ) 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

( ) 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 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)
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):
( ) 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

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

Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
One or more of the following medical conditions:
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above
Central line
History of DVT or family history of VTE
Anticipated length of stay GREATER than 48 hours
Less than fully and independently ambulatory
Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

[ ] Moderate Risk (Selection Required)	
[ ] Moderate risk of VTE	Routine, Once
[ ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
( ) Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	**"And" Linked Panel**
[ ] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[ ] 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 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
( ) 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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 - Non-Surgical (Selection Required)

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg
Acute spinal cord injury with paresis
Multiple major traumas
Abdominal or pelvic surgery for CANCER
Acute ischemic stroke
History of PE

[ ] High Risk (Selection Required)

[ ] High risk of VTE	Routine, Once

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

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

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

( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily 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.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
	if (answer = Other (Specify indication & Target INR))
	Specify indication & Target INR (free text):
	if (answer = LVAD (Specify Target INR))
	Target INR:

[ ] 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 (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 or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( ) 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 Required)

[ ] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:

( ) 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
( ) 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.
( )	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
( )	Rivaroxaban and Pharmacy Consult (Selection Required)	
[ ]	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:
[ ]	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis if (answer = Other: Specify) Specify Other Indication:

( )	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
		Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:

( )	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
		Indication:
		if (answer = Other (Specify indication & Target INR))
		Specify indication & Target INR (free text):
		if (answer = LVAD (Specify Target INR))
		Target INR:

[ ]	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

Labs

Hematology

[ ]	CBC with differential	Once
[ ]	Reticulocyte count	Once

Coagulation

[ ]	D-dimer, quantitative	Once
[ ]	Fibrinogen	Once
[ ]	Partial thromboplastin time	Once
[ ]	Prothrombin time with INR	Once

Chemistry

[ ] Basic metabolic panel	Once
[ ] Comprehensive metabolic panel	Once
[ ] Hepatic function panel	Once
[ ] Hepatitis B core antibody, total	Once
[ ] Hepatitis B surface antibody	Once
[ ] Hepatitis B surface antigen	Once
[ ] Lactate dehydrogenase, LDH	Once
[ ] Magnesium	Once
[ ] Phosphorus	Once
[ ] Uric acid	Once

Urine

[ ] hCG qualitative, urine	Once

Microbiology

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

Blood Bank

[ ] Type and screen	
[ ] Type and screen	Once, Blood Bank
[ ] ABO and Rh confirmation	Once, Blood Bank Confirmation

AM Labs X 3 Days

[ ] CBC with differential	AM draw repeats, Starting S+1 For 3 Occurrences
[ ] Basic metabolic panel	AM draw repeats, Starting S+1 For 3 Occurrences
[ ] Magnesium	AM draw repeats, Starting S+1 For 3 Occurrences
[ ] Phosphorus	AM draw repeats, Starting S+1 For 3 Occurrences
[ ] Calcium	AM draw repeats, Starting S+1 For 3 Occurrences
[ ] Hepatic function panel	AM draw repeats, Starting S+1 For 3 Occurrences
[ ] Uric acid	AM draw repeats, Starting S+1 For 3 Occurrences
[ ] Lactate dehydrogenase, LDH	AM draw repeats, Starting S+1 For 3 Occurrences

Cardiology

Imaging

MRI/MRA

[ ] MRI Brain W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[ ] MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

CT Head/Sinus

[ ] CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[ ] CT Sinus Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

CT Chest

[ ]	CT Chest W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[ ]	CT Chest Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[ ]	CTA Chest W Wo Contrast And Abdomen W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

CT Abdomen

[ ]	CT Abdomen W Contrast (Omnipaque)	**"And" Linked Panel**

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

[ ]	CT Abdomen W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[ ]	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once

[ ]	CT Abdomen WO Contrast (Omnipaque)	**"And" Linked Panel**

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

[ ]	CT Abdomen Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[ ]	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once

[ ]	CT Abdomen WO Contrast (Readi-Cat)	**"And" Linked Panel**

Ordered as secondary option for those with iodine allergies.

[ ]	CT Abdomen Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[ ]	barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast

[ ]	CT Pelvis W Contrast (Omnipaque)	**"And" Linked Panel**

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

[ ]	CT Pelvis W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[ ]	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once

X-Ray

[ ]	Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[ ]	Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Nuclear Medicine

[ ]	NM Bone Scan Whole Body	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[ ]	NM Lung Ventilation Perfusion	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[ ]	PET CT Whole Body	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Other Studies

Respiratory

Oxygen Therapy

[ ]	Oxygen therapy	Routine, Continuous
		Device: Nasal Cannula
		if (answer = Nasal Cannula)
		Rate in liters per minute:
		Titrate to keep O2 Sat Above:
		if (answer = Other (Specify))
		Specify titration to keep O2 Sat (%) Above:
		if (answer = Simple Face Mask)
		Rate in liters per minute:
		Titrate to keep O2 Sat Above:
		if (answer = Other (Specify))
		Specify titration to keep O2 Sat (%) Above:
		if (answer = Non-rebreather mask)
		Rate in liters per minute:

Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or (answer = Trach Collar)
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = Venturi Mask)
FiO2:
if (answer = Other (Specify))
Specify O2 %:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = Other (Specify))
Specify:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = High Flow Nasal Cannula (HFNC))
Rate in liters per minute:
if (answer = Heated High Flow Nasal Cannula (Heated HFNC))
Rate in liters per minute:
if (answer = Other (Specify))
Specify Flowrate (Lpm):
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Rate in liters per minute: 2 lpm
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Titrate to keep O2 Sat Above: 92%
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
Indications for O2 therapy: Hypoxemia
if (answer = Other)
Specify:

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[ ] Consult to Case Management

Consult Reason:
if (answer = Other specify)
Specify:
if (answer = Home Health)
Face-to-Face Date:
Reasons for Home Health Care:
Home Health Services:
if (answer = Skilled Nursing Evaluation & Treatment)
Times per week:
For:
Days/Week/Weeks:
if (answer = Physical Therapy Evaluation & Treatment)

(PT) Times per week:
For:
Days/Week/Weeks:
if (answer = Occupational Therapy Evaluation & Treatment)
Times per week:
For:
Days/Week/Weeks:
if (answer = Speech Language Pathology Evaluation & Treatment)
Times per week:
For:
Days/Week/Weeks:
if (answer = Social Worker)
Times per week:
For:
Days/Week/Weeks:
if (answer = Home Health Aide)
Times per week:
For:
Days/Week/Weeks:
if (answer = Home Infusion)
IV infusion needs:
if (answer = Labs)
IV Infusion Labs:
Every:
Lab results called to:
if (answer = IV Fluids)
Solution:
How often:
Start date:
Stop date:
if (answer = Antibiotics)
Antibiotic(s), please list:
Start date:
Stop date:
if (answer = Nutritional Supplies)
Nutritional DME:
if (answer = Bolus feeding)
Rate:
Formula:
if (answer = Continuous feeding)
Rate:
Formula:
if (answer = Home Wound Care)
Wound care questions:
if (answer = Dressing Instructions)
How often:
Clean with:
Cover with:
Duration:
if (answer = Pleurx)
PleurX choices:
Change every:
PleurX Duration:
if (answer = Wound vac)
Change how often:
Pressure (mmHg):
Therapy Settings:
if (answer = Other)
Specify:
if (answer = Dynamic Pressure Control)
DCP Ratio:
Intensity:

Foam Type:
Type of Wound:
if (answer = Other)
Specify:
if (answer = Ostomy supplies)
Special ostomy supplies:
Clinical Findings:
if (answer = Other:)
Other Clinical Findings:
Homebound Status:
if (answer = Other:)
Other Homebound Status:
if (answer = Leaving home is medically contraindicated due to)
Contraindication:
Special Instructions:
Resume home health services with previous home health agency prior to the hospital admission:
Face to Face Cert Statement:
if (answer = DME)
DME Diagnosis:
Type of DME:
if (answer = Mobility Aids)
MOBILITY AIDS: Per Payer requirements; only ONE Mobility Aid may be chosen from this list:
if (answer = Walkers (With 5 inch Wheels))
Walkers (With 5 inch wheels):
if (answer = Walkers (Without Wheels))
Walkers (Without Wheels):
if (answer = Wheelchair)
Wheelchair:
if (answer = Canes)
Canes:
if (answer = Crutches)
Crutches:
if (answer = 3 in 1 Bedside Commode)
3-in-1 Bedside Commode:
if (answer = Respiratory Equipment)
Oxygen:
if (answer = O2 Portable Gas)
Continuous or PRN Oxygen:
O2 Duration:
O2 Sat on Room Air, at Rest %:
O2 Sat on Room Air, During Exertion %:
O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%):
O2 Device:
O2 Flowrate (L/Min) Setting:
INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Oxygen: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Nebulizer)
Nebulizer Med:
if (answer = Albuterol)
Albuterol dose:
if (answer = Xopenex)
Xopenex dose:
if (answer = Mucomyst)
Mucomyst dose:

if (answer = Atrovent)
Atrovent dose:
INDICATIONS for Ordering Nebulizer: Must enter Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Nebulizer: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Trach supplies)
Type:
Size of tube:
if (answer = Home ventilator)
Home ventilator settings:
if (answer = CPAP)
Pressure:
if (answer = BIPAP)
IPAP:
EPAP:
if (answer = O2 Bleed in Rate)
Liter flow:
if (answer = Portable O2 Generator)
Continuous or PRN Oxygen:
O2 Duration:
O2 Sat on Room Air, at Rest %:
O2 Sat on Room Air, During Exertion %:
O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%):
O2 Device:
O2 Flowrate (L/Min) Setting:
INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Oxygen: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Hospital Bed)
Hospital Bed:
if (answer = Gel Overlay)
Indicate which of the following conditions describe the patient. Answer all that apply:
if (answer = Alternating Pressure Mattress)
Indicate which of the following conditions describe the patient. Answer all that apply:
if (answer = Low Air Loss Mattress)
Additional Medical Information - select all that apply:
if (answer = Semi-Electric Hospital Bed with Split Siderails)
Pressure ulcer - check all that apply:
if (answer = Semi-Electric Hospital Bed with Full Rails)
Pressure ulcer - check all that apply:
if (answer = Other Equipment (specify))
Other Equipment:
if (answer = Other (specify))
Other:
if (answer = Diabetic supplies)
Diabetic supplies:
if (answer = Life Vest)
Duration of use:
Estimated start date:

Energy (joules):
VT Threshold (BPM):
VF Threshold (BPM):
Reason for LifeVest (select one):
if (answer = Other condition with high risk of VT/VF)
Other:
Type of DME:
if (answer = Mobility Aids)
MOBILITY AIDS: Per Payer requirements; only ONE Mobility Aid may be chosen from this list:
if (answer = Walkers (With 5 inch Wheels))
Walkers (With 5 inch wheels):
if (answer = Walkers (Without Wheels))
Walkers (Without Wheels):
if (answer = Wheelchair)
Wheelchair:
if (answer = Canes)
Canes:
if (answer = Crutches)
Crutches:
if (answer = 3 in 1 Bedside Commode)
3-in-1 Bedside Commode:
if (answer = Respiratory Equipment)
Oxygen:
if (answer = O2 Portable Gas)
Continuous or PRN Oxygen:
O2 Duration:
O2 Sat on Room Air, at Rest %:
O2 Sat on Room Air, During Exertion %:
O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%):
O2 Device:
O2 Flowrate (L/Min) Setting:
INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Oxygen: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Nebulizer)
Nebulizer Med:
if (answer = Albuterol)
Albuterol dose:
if (answer = Xopenex)
Xopenex dose:
if (answer = Mucomyst)
Mucomyst dose:
if (answer = Atrovent)
Atrovent dose:
INDICATIONS for Ordering Nebulizer: Must enter Lung Disease or Hypoxia Related Symptoms:
if (answer = Lung Disease Diagnosis)
INDICATIONS for Ordering Nebulizer: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
if (answer = Hypoxia Related Symptoms)
Hypoxia Related Symptoms:
if (answer = Trach supplies)
Type:
Size of tube:
if (answer = Home ventilator)
Home ventilator settings:

	if (answer = CPAP)
	Pressure:
	if (answer = BIPAP)
	IPAP:
	EPAP:
	if (answer = O2 Bleed in Rate)
	Liter flow:
	if (answer = Portable O2 Generator)
	Continuous or PRN Oxygen:
	O2 Duration:
	O2 Sat on Room Air, at Rest %:
	O2 Sat on Room Air, During Exertion %:
	O2 Sat on Oxygen with Exertion % demonstrates improvement (above 88%):
	O2 Device:
	O2 Flowrate (L/Min) Setting:
	INDICATIONS for Ordering Oxygen: Must enter Lung Disease or Hypoxia Related Symptoms:
	if (answer = Lung Disease Diagnosis)
	INDICATIONS for Ordering Oxygen: Must enter Lung Disease Diagnosis or Hypoxia Related Symptoms - Lung Disease Diagnosis:
	if (answer = Hypoxia Related Symptoms)
	Hypoxia Related Symptoms:
	if (answer = Hospital Bed)
	Hospital Bed:
	if (answer = Gel Overlay)
	Indicate which of the following conditions describe the patient. Answer all that apply:
	if (answer = Alternating Pressure Mattress)
	Indicate which of the following conditions describe the patient. Answer all that apply:
	if (answer = Low Air Loss Mattress)
	Additional Medical Information - select all that apply:
	if (answer = Semi-Electric Hospital Bed with Split Siderails)
	Pressure ulcer - check all that apply:
	if (answer = Semi-Electric Hospital Bed with Full Rails)
	Pressure ulcer - check all that apply:
	if (answer = Other Equipment (specify))
	Other Equipment:
	if (answer = Other (specify))
	Other:
	if (answer = Diabetic supplies)
	Diabetic supplies:
	Face-to-Face Date:
	Clinical Findings:
	if (answer = Other:)
	Other Clinical Findings:
	Special Instructions:

[ ] Consult to Social Work	Reason for Consult:
	if (answer = Other Specify)
	Specify:
	if (answer = Hospice Referral)
	Evaluate for:

[ ] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable):
	if (answer = Other)
	Specify:
	Are there any restrictions for positioning or mobility?
	if (answer = Yes)
	Limit:
	if (answer = sitting to)
	Specify:

	if (answer = standing to)
	Specify:
	if (answer = limb/joint bend)
	Specify:
	if (answer = elevate limb)
	Specify:
	if (answer = other)
	Specify:
	Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
	Weight Bearing Status:
	if (answer = LLE)
	LLE Limitation:
	if (answer = RLE)
	RLE Limitation:
	if (answer = LUE)
	LUE Limitation:
	if (answer = RUE)
	RUE Limitation:

[ ] Consult PT wound care	Special Instructions:
	Location of Wound?
	if (answer = Lower Extremity)
	Lower Exttremity:
	if (answer = Upper Extremity)
	Upper Extremity:
	if (answer = Other Specify)
	Other:

[ ] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply):
	if (answer = Other)
	Specify:
	Are there any restrictions for positioning or mobility?
	if (answer = Yes)
	Limit:
	if (answer = sitting to)
	Specify:
	if (answer = standing to)
	Specify:
	if (answer = limb/joint bend)
	Specify:
	if (answer = elevate limb)
	Specify:
	if (answer = other)
	Specify:
	Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
	Weight Bearing Status:
	if (answer = LLE)
	LLE Limitation:
	if (answer = RLE)
	RLE Limitation:
	if (answer = LUE)
	LUE Limitation:
	if (answer = RUE)
	RUE Limitation:

[ ] Consult to Nutrition Services	Reason For Consult? if (answer = Other (Specify)) Specify: Purpose/Topic:

[ ] Consult to Spiritual Care	Reason for consult?
	if (answer = Catholic Priest)
	Reason for contacting Catholic Priest:
	if (answer = Other Specify)
	Specify:
	if (answer = Advance Directive)
	Is the patient alert and oriented?
	if (answer = No)
	No, Patient does not have capcaity:
	if (answer = Other Specify)
	Specify:

[ ] Consult to Speech Language Pathology	Routine, Once Reason for consult: if (answer = Other) Reason for SLP?

[ ] Consult to Wound Ostomy Care nurse	Reason for consult:
	if (answer = Ostomy)
	Type of Ostomy:
	if (answer = Other)
	Specify:
	Reason for consult:
	if (answer = Ostomy)
	Status:
	Ostomy type:
	Reason for consult:
	if (answer = Ostomy)
	Status:
	Ostomy type:
	if (answer = Wound)
	Wound type:
	if (answer = Other)
	Specify:
	Reason for consult:
	if (answer = Ostomy)
	Status:
	Ostomy type:
	Consult for NPWT:
	if (answer = Negative pressure wound therapy)
	Pressure (mmHg):
	Therapy Settings:
	if (answer = Other)
	Specify:
	if (answer = Dynamic Pressure Control)
	DCP Ratio:
	Intensity:
	Foam Type:
	Type of Wound:
	if (answer = Other)
	Specify:
	Reason for consult:
	if (answer = Ostomy)
	Type of Ostomy:
	if (answer = Other)
	Specify:
	Reason for consult:
	if (answer = Ostomy)
	Type of Ostomy:
	if (answer = Other)
	Specify:
	if (answer = Negative Pressure Wound Therapy)
	Type of Wound:
	if (answer = Other)
	Specify:
	Frequency:

if (answer = Other)
Specify:
Dressing type:
if (answer = Other)
Specify:
Pressure (mmHg):
if (answer = 50)
Therapy:
if (answer = 75)
Therapy:
if (answer = 100)
Therapy:
if (answer = 125)
Therapy:
if (answer = Other)
Therapy:
Therapy:
if (answer = Negative Pressure Wound Therapy With Instillation)
Type of Wound:
if (answer = Other)
Specify:
Frequency:
if (answer = Other)
Specify:
Dressing type:
if (answer = Other)
Specify:
Instillation Solution:
if (answer = Other)
Specify:
Pressure (mmHg):
if (answer = 50)
Therapy:
if (answer = 75)
Therapy:
if (answer = 100)
Therapy:
if (answer = 125)
Therapy:
if (answer = Other)
Therapy:

[ ] Consult to Respiratory Therapy — Reason for Consult?

Additional Orders