## Hemorrhagic Stroke [1319]

General	
Common Present on Admission Diagnosis	
Present on Admission	Details
Abdominal pain	Details
Back pain	Details
Chest pain	Details
] Cough	Details
1 COVID - 19	Details
Dizziness	Details
, Fall	Details
] Fever	Details
] Headache	Details
] Hypertension	Details
Nausea	Details
Shortness of breath	Details
Vomiting	Details
] Weakness-generalized	Details
Admission or Observation (Single Response) (Selection	
) Admit to inpatient	Admitting Physician:
,	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgmen
	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 b
	paged. The team name is listed in both "Treatment Teams"
	and "Notes from Clinical Staff" sections in the
	Summary\Overview tab of Epic.
) Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
·	Bed request comments:
) UTS - Outpatient observation services under general	Admitting Physician:
) UTS - Outpatient observation services under general supervision	
•	Admitting Physician: Resident Physician: Resident team assignment:
•	Resident Physician:
•	Resident Physician: Resident team assignment:
•	Resident Physician: Resident team assignment: Patient Condition:
•	Resident Physician: Resident team assignment: Patient Condition: Bed request comments:
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() 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.
( ) 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 (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.
Code Status (Single Response)	
( ) Full code ( ) DNR (Selection Required)	Code Status decision reached by:

[] 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?
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[ ] Consult to Social Work	Reason for Consult:
() Modified Code	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? Modified Code restrictions:
<ul><li>() Treatment Restrictions ((For use when a patient is in a cardiopulmonary arrest))</li></ul>	NOT I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.  Treatment Restriction decision reached by: Specify Treatment Restrictions:
Isolation	
Airborne isolation status	Datailla
<ul> <li>Airborne isolation status</li> <li>Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.</li> </ul>	Details Once, Sputum
[] Contact isolation status	Details
] Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
Aspiration precautions	Details
] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital Signs (Single Response)	
(X) Vital Signs	Routine, Every 15 min Every 15 minutes x 2 hours then every 1 hour. For Temp, check every 4 hours.
Vital Signs (Single Response)	
(X) Vital Signs	Routine, Every hour Aligned with neurological assessments.
Activity	
[X] Strict bed rest	Routine, Until discontinued, Starting S
] Ambulate with assistance	Routine, 3 times daily Specify: with assistance
[] Elevate Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees
Nursing	
] Intake and output	Routine, Every shift
<ul><li>[X] Hold PO including oral meds if Patient fails dyspha</li></ul>	· · · · · · · · · · · · · · · · · · ·
screening	Hold PO including oral meds if Patient fails dysphagia screening.

New Province   New		
X   Bladder scan   Routine, Every 4 hours   Straight cath   Volume GREATER than*** ml.     X   Straight cath   Routine, Conditional Frequency For 2 Occurrences   Hundle to volid, straight cath every 6 hours for two attempts with straight cath.     X   Neurological assessment   Routine, Conditional Frequency For 1 Occurrences Type: Size: Uninometer needed: After two attempts with straight cath.     X   Neurological assessment   Routine, Conditional Frequency For 1 Occurrences Type: Size: Uninometer needed: After two attempts with straight cath.     X   NIH Stroke Scale   Routine, Once Perform on Admission.     X   NIH Stroke Scale   Routine, Once Perform every shift.     X   NIH Stroke Scale   Routine, Once Perform every shift.     X   Intracerbal hemorrhage score   Routine, Once For 1 Occurrences     X   Intracerbal hemorrhage score   Routine, Once For 1 Occurrences     X   Routine, Once For 1 Occurrences   Routine, Once For 1 Occurrences     X   Provide actualizational material   Routine, Once For 1 Occurrences     X   Provide actualizational material   Routine, Once Hemorrhage; stroke aducation.     X   Provide actualizational material   Routine, Once Hemorrhage; stroke aducation.     X   Provide actualizational material   Routine, Once Hemorrhage; stroke aducation.     X   Provide actualizational pressure greater than or equal to 20 for more than 5 min   Routine, Devey hour Record:   Routine, Every hour Device: Clamped Level at (cm H2O):   Routine, Every hour Device: Open Level at (cm H2O):   Routine, Every hour Device: Open Level at (cm H2O):   Routine, Every hour Device: Open Level at (cm H2O):   Routine, Every hour Device: Open Level at (cm H2O):   Routine, Every hour Device: Open Level at (cm H2O):   Routine, Every hour Device: Open Level at (cm H2O):   Routine, Every hour Device: Open Level at (cm H2O):   Routine, Every hour Device: Open Level at (cm H2O):   Routine, Every hour Device: Open Level at (cm H2O):   Routine, Every hour Device: Open Level at (cm H2O):   Routine, Every hour Device: Open Leve	[X] Dysphagia screen	On admission. Hold PO including Oral Meds if patient Fails
XI Straight cath	[X] Bladder scan	Routine, Every 4 hours
	[X] Straight cath	Routine, Conditional Frequency For 2 Occurrences
Neurological assessment   Routine, Every 15 min For 2 Hours   Assessment to Perform:   Assessment to Perform on Admission.       NIH Stroke Scale	[X] Insert Foley catheter	Routine, Conditional Frequency For 1 Occurrences Type: Size: Urinometer needed:
NIH Stroke Scale	[X] Neurological assessment	Routine, Every 15 min For 2 Hours
NiH Stroke Scale	[X] NIH Stroke Scale	Routine, Once
	[] NIH Stroke Scale	Routine, Once
X   Intracerebral hemorrhage score   Routine, Once For 1 Occurrences   X   Glasgow coma scale   Routine, Every shift   Insert feeding tube weighted   Routine, Once   Routin	[X] NIH Stroke Scale	Routine, Once
Glasgow coma scale	[X] Intracerebral hemorrhage score	
Insert feeding tube weighted   Routine, Once   Routine, Every 4 hours   Straight cath if volume GREATER than*** mL.   Routine, Conditional Frequency For 2 Occurrences   Routine, Conditional Frequency For 2 Occurrences   Routine, Conditional Frequency For 1 Occurrences   Type:   Size:   Urinometer needed:		· · · · · · · · · · · · · · · · · · ·
Routine, Once Hemorrhagic stroke education.		
Hemorrhagic stroke education.		·
[] ICP Monitoring and Notify [] ICP monitoring Routine, Every hour Record: Monitor and record output. [] Notify Physician if Intracranial Pressure greater than or equal to 20 for more than 5 min [] Ventriculostomy drain care - Clamped Routine, Every hour Device: Clamped Level at (cm H2O): Routine, Every hour Device: Open Level at (cm H2O): If External Ventricular Drainage is present call MD if Intracerebral Pressure is greater than or equal to 20 for monitary in the sequential compression device [X] Place sequential compression device [X] Place/Maintain sequential compression device Tander Linked Panel [X] Place and output [X] Hold PO including oral meds if Patient fails dysphagia screening [X] Dysphagia screen [X] Dysphagia screen [X] Bladder scan Routine, Continuous [X] Bladder scan Routine, Conditional Frequency For 2 Occurrences If unable to void, straight cath every 6 hours for two attemptons. [X] Insert Foley catheter [X] Insert Foley catheter [X] Insert Foley catheter [X] Insert Foley catheter [X] Ventriculostomy drain and record output. Routine, Every 4 hours Straight cath Routine, Conditional Frequency For 1 Occurrences Type: Size: Urinometer needed:	[X] I Tovide educational material	
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Record: Monitor and record output.  [] Notify Physician if Intracranial Pressure greater than or equal to 20 for more than 5 min  [] Ventriculostomy drain care - Clamped    Ventriculostomy drain care - Clamped   Routine, Every hour Device: Clamped Level at (cm H2O):   Ventriculostomy drain care - Open   Routine, Every hour Device: Open Level at (cm H2O):   If External Ventricular Drainage is present call MD if Intracerebral Pressure is greater than or equal to 20 for mit than 5 min    X  Place sequential compression device "And" Linked Panel   X  Place/Maintain sequential compression device continuous   Routine, Continuous	· · · · · · · · · · · · · · · · · · ·	Every hour
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[] Notify Physician if Intracranial Pressure greater than or equal to 20 for more than 5 min  [] Ventriculostomy drain care - Clamped Routine, Every hour Device: Clamped Level at (cm H2O):  [] Ventriculostomy drain care - Open Routine, Every hour Device: Open Level at (cm H2O):  [] If External Ventricular Drainage is present call MD if Intracerebral Pressure is greater than or equal to 20 for mithan 5 min  [X] Place sequential compression device "And" Linked Panel  [X] Place/Maintain sequential compression device continuous  Nursing  [] Intake and output Routine, Every shift  [X] Hold PO including oral meds if Patient fails dysphagia screening  [X] Dysphagia screen  [X] Dysphagia screen  [X] Dysphagia screen  [X] Straight cath  [X] Straight cath  [X] Straight cath  [X] Insert Foley catheter  [X] Insert Foley catheter  [X] Routine, Conditional Frequency For 1 Occurrences Type: Size: Urinometer needed:		
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Routine, Every hour Device: Open Level at (cm H2O): If External Ventricular Drainage is present call MD if Intracerebral Pressure is greater than or equal to 20 for me than 5 min  [X] Place sequential compression device And" Linked Panel  [X] Place/Maintain sequential compression device ontinuous  Nursing  [J] Intake and output Routine, Every shift  [X] Hold PO including oral meds if Patient fails dysphagia screening Routine, Until discontinued, Starting S Hold PO including oral meds if Patient fails dysphagia screening.  [X] Dysphagia screen Routine, Once On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.  [X] Bladder scan Routine, Every 4 hours Straight cath if volume GREATER than*** mL.  [X] Straight cath Routine, Conditional Frequency For 2 Occurrences If unable to void, straight cath every 6 hours for two attempting: Size: Urinometer needed:	[] Ventriculostomy drain care - Clamped	
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If External Ventricular Drainage is present call MD if Intracerebral Pressure is greater than or equal to 20 for methan 5 min    X  Place sequential compression device	, ,	
If External Ventricular Drainage is present call MD if Intracerebral Pressure is greater than or equal to 20 for methan 5 min    X  Place sequential compression device		Level at (cm H2O):
X   Place/Maintain sequential compression device continuous   Routine, Continuous		If External Ventricular Drainage is present call MD if Intracerebral Pressure is greater than or equal to 20 for more
[X] Place/Maintain sequential compression device continuous  Nursing  [] Intake and output Routine, Every shift  [X] Hold PO including oral meds if Patient fails dysphagia screening Shoutine, Until discontinued, Starting Shoutine, Starting Shoutine, Once On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.  [X] Bladder scan Routine, Every 4 hours Straight cath if volume GREATER than*** mL.  [X] Straight cath Routine, Conditional Frequency For 2 Occurrences If unable to void, straight cath every 6 hours for two attemptions.  [X] Insert Foley catheter Routine, Conditional Frequency For 1 Occurrences Type: Size: Urinometer needed:	[X] Place sequential compression device	"And" Linked Panel
[] Intake and output  [X] Hold PO including oral meds if Patient fails dysphagia screening  [X] Dysphagia screen  [X] Dysphagia screen  [X] Bladder scan  [X] Straight cath  [X] Insert Foley catheter  [X] Intake and output  Routine, Every shift  Routine, Until discontinued, Starting S Hold PO including oral meds if Patient fails dysphagia screening.  Routine, Once On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.  Routine, Every 4 hours Straight cath if volume GREATER than*** mL.  Routine, Conditional Frequency For 2 Occurrences If unable to void, straight cath every 6 hours for two attemptors.  Routine, Conditional Frequency For 1 Occurrences Type: Size: Urinometer needed:	[X] Place/Maintain sequential compression Routing	e, Continuous
X   Hold PO including oral meds if Patient fails dysphagia screening   Routine, Until discontinued, Starting S   Hold PO including oral meds if Patient fails dysphagia screening.     X   Dysphagia screen   Routine, Once   On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.     X   Bladder scan   Routine, Every 4 hours   Straight cath if volume GREATER than*** mL.     X   Straight cath   Routine, Conditional Frequency For 2 Occurrences   If unable to void, straight cath every 6 hours for two attemptions   Routine, Conditional Frequency For 1 Occurrences   Type:   Size:   Urinometer needed:		
Screening  Hold PO including oral meds if Patient fails dysphagia screening.  [X] Dysphagia screen  Routine, Once On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.  [X] Bladder scan Routine, Every 4 hours Straight cath if volume GREATER than*** mL.  [X] Straight cath Routine, Conditional Frequency For 2 Occurrences If unable to void, straight cath every 6 hours for two attemptions.  [X] Insert Foley catheter Routine, Conditional Frequency For 1 Occurrences Type: Size: Urinometer needed:	• •	
[X] Dysphagia screen  Routine, Once On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.  [X] Bladder scan Routine, Every 4 hours Straight cath if volume GREATER than*** mL.  [X] Straight cath Routine, Conditional Frequency For 2 Occurrences If unable to void, straight cath every 6 hours for two attemptions  [X] Insert Foley catheter Routine, Conditional Frequency For 1 Occurrences Type: Size: Urinometer needed:	• •	Hold PO including oral meds if Patient fails dysphagia
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Type: Size: Urinometer needed:		If unable to void, straight cath every 6 hours for two attempts
Atter two attempts with straight cath	[A] IIISER FOIEY CARIERE	Type: Size: Urinometer needed:
, -		After two attempts with straight cath.

[X] Neurological assessment	Routine, Every hour
	Assessment to Perform: Level of Consciousness, Pupils, Motor
	exam
[X] NIH Stroke Scale	Routine, Once
	Perform on Admission.
[] NIH Stroke Scale	Routine, Once
	Perform every shift.
[X] NIH Stroke Scale	Routine, Once
	On Discharge.
[X] Intracerebral hemorrhage score	Routine, Once For 1 Occurrences
[X] Glasgow coma scale	Routine, Every shift
[] Insert feeding tube weighted	Routine, Once
[X] Provide educational material	Routine, Once
	Hemorrhagic stroke education.
[] ICP Monitoring and Notify	
[] ICP monitoring Routine	, Every hour
Record:	
Monitor	and record output.
	, Until discontinued, Starting S
greater than or equal to 20 for more than 5	,
Ventriculostomy drain care - Clamped	Routine, Every hour
LI Tarania and Tarania and Tarania and Tarania	Device: Clamped
	Level at (cm H2O):
[] Ventriculostomy drain care - Open	Routine, Every hour
[] Ventriculosionly drain care open	Device: Open
	Level at (cm H2O):
	IT EXTERNAL VENTRICINAL DISABAGE IS DISSENT CAN IVILLE
	If External Ventricular Drainage is present call MD if
	Intracerebral Pressure is greater than or equal to 20 for more
[X] Place sequential compression device	Intracerebral Pressure is greater than or equal to 20 for more than 5 min
[X] Place sequential compression device	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel
[X] Place/Maintain sequential compression Routine	Intracerebral Pressure is greater than or equal to 20 for more than 5 min
	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel
[X] Place/Maintain sequential compression Routine	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel
[X] Place/Maintain sequential compression Routine device continuous  Diet	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel , Continuous
[X] Place/Maintain sequential compression Routine device continuous	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S
[X] Place/Maintain sequential compression Routine device continuous  Diet	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel , Continuous  Diet effective now, Starting S NPO:
[X] Place/Maintain sequential compression Routine device continuous  Diet	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options:
[X] Place/Maintain sequential compression Routine device continuous  Diet	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study completed
[X] Place/Maintain sequential compression Routine device continuous  Diet	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options:
<ul><li>[X] Place/Maintain sequential compression device continuous</li><li>Diet</li><li>[X] NPO</li></ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study completed
[X] Place/Maintain sequential compression Routine device continuous  Diet	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study completed
<ul><li>[X] Place/Maintain sequential compression device continuous</li><li>Diet</li><li>[X] NPO</li></ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on
<ul><li>[X] Place/Maintain sequential compression device continuous</li><li>Diet</li><li>[X] NPO</li><li>Notify</li></ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.
<ul><li>[X] Place/Maintain sequential compression device continuous</li><li>Diet</li><li>[X] NPO</li><li>Notify</li></ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than:
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature less than:
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted  Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: 160
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: Systolic BP less than:
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: Diastolic BP greater than:
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: 160 Systolic BP less than: Diastolic BP greater than: Diastolic BP less than:
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel , Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature greater than: Temperature less than: Systolic BP greater than: Diastolic BP greater than: Diastolic BP less than: Diastolic BP less than: MAP less than:
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel , Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: 160 Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM):
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel , Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: 160 Systolic BP less than: Diastolic BP less than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): Heart rate less than (BPM):
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: 160 Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than:
<ul> <li>[X] Place/Maintain sequential compression device continuous</li> <li>Diet</li> <li>[X] NPO</li> <li>Notify</li> <li>[X] Notify Physician</li> </ul>	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel  Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: 160 Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: Respiratory rate less than:
[X] Place/Maintain sequential compression device continuous  Diet  [X] NPO  Notify  [X] Notify Physician  [X] Notify Physician if Systolic BP greater than 160 mmHg	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel , Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature greater than: Systolic BP greater than: Systolic BP greater than: Diastolic BP greater than: Diastolic BP less than: Diastolic BP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: Respiratory rate less than: SpO2 less than:
[X] Place/Maintain sequential compression device continuous  Diet  [X] NPO  Notify  [X] Notify Physician  [X] Notify Physician if Systolic BP greater than 160 mmHg  [X] Notify Physician for temperature GREATER than or	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel , Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature greater than: Systolic BP greater than: 10 Diastolic BP greater than: Diastolic BP less than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: Respiratory rate less than: SpO2 less than: Routine, Until discontinued, Starting S, For temperature
[X] Place/Maintain sequential compression device continuous  Diet  [X] NPO  Notify  [X] Notify Physician  [X] Notify Physician if Systolic BP greater than 160 mmHg  [X] Notify Physician for temperature GREATER than or EQUAL to 100.4 F (38 C)	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel , Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study completed successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted  Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: 160 Systolic BP greater than: Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: Respiratory rate less than: SpO2 less than: Routine, Until discontinued, Starting S, For temperature GREATER than or EQUAL to 100.4 F (38 C)
[X] Place/Maintain sequential compression device continuous  Diet  [X] NPO  Notify  [X] Notify Physician  [X] Notify Physician if Systolic BP greater than 160 mmHg  [X] Notify Physician for temperature GREATER than or	Intracerebral Pressure is greater than or equal to 20 for more than 5 min  "And" Linked Panel , Continuous  Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study complete successfully.  Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted Routine, Until discontinued, Starting S Temperature greater than: Temperature greater than: Systolic BP greater than: 10 Diastolic BP greater than: Diastolic BP greater than: Diastolic BP less than: Diastolic BP less than: Heart rate greater than (BPM): Heart rate less than (BPM): Respiratory rate greater than: Respiratory rate less than: SpO2 less than: Routine, Until discontinued, Starting S, For temperature

[X] Stroke coordinator tracking	Routine, Until discontinued, Starting S This order serves to populate patient on the Stroke Coordinators' patient list. Discontinuation of this order will remove patient from the list. No action is needed by nursing
IV Fluids	
IV Fluids	
[] sodium chloride 0.9 % infusion	intravenous, continuous
[] sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous
Peripheral IV Access	
[X] Initiate and maintain IV	
[X] Insert peripheral IV Routine	
	ntravenous, every 12 hours scheduled
[X] sodium chloride 0.9 % flush 10 mL, i	ntravenous, PRN, line care
Medications	
Hypertensive Urgency - Once Orders	
[X] labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, once, For 1 Doses Systolic Blood Pressure GREATER than 160 mmHg. Administer at 2 Mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM
<ul> <li>hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)</li> </ul>	10 mg, intravenous, once, For 1 Doses Systolic Blood Pressure GREATER than 160 mmHg. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) BP HOLD parameters for this order: Contact Physician if:
Hypertensive Urgency - PRN Orders	
[X] labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, every 6 hours PRN, high blood pressure Systolic Blood Pressure GREATER than 160 mmHg Administer at 2 mg/minute. Select an alternative agent if hear rate is LESS than 55 BPM.
[X] hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, every 6 hours PRN, high blood pressure Systolic Blood Pressure GREATER than 160 mmHg Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) BP HOLD parameters for this order: Contact Physician if:
[X] niCARDipine (CARDENE) IV infusion	5-15 mg/hr, intravenous, titrated
ondansetron (ZOFRAN) oral or IV	
[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.
Seizure Management	
[]_Benzodiazepines	
[ ] LORAZepam (ATIVAN) injection 4 mg, in Repeat	travenous, once, For 1 Doses 4 mg x if not controlled within 5 min on(s):

[] LORAZepam (ATIVAN) injection	1 mg, intravenous, every 15 min PRN, seizures Indication(s):
] Immediate Treatment, One time dose (Single R	esponse)
() fosphenytoin (CEREBYX) IV	intravenous, for 30 Minutes, once, For 1 Doses
() phenytoin (DILANTIN) IVPB	intravenous, once, For 1 Doses
() levETIRAcetam (KEPPRA) IV	intravenous, once, For 1 Doses
] Notify Physician (Specify)	Routine, Until discontinued, Starting S, Notify physician for further seizure orders.
cetaminophen (TYLENOL) oral, tube, or suppo	sitory
<ul><li>X] acetaminophen (TYLENOL) oral, tube, or support</li></ul>	· · · · · · · · · · · · · · · · · · ·
Maximum of 4 grams of acetaminophen per day sources)	r from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
[X] acetaminophen (TYLENOL) tablet	650 mg, feeding tube, every 6 hours PRN, mild pain (score 1-3) Administer if patient has a feeding tube.
[X] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Administer if patient is unable to tolerate oral tablet.
/TE	
OVT Risk and Prophylaxis Tool (Single Respons VTE/DVT Risk Definitions	se) (Selection Required) URL:
VIE/DVI KISK Delimitoris	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
	DEFINITIONS.pdf"
<ul> <li>Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required)</li> </ul>	ıtification
<ul> <li>() Moderate Risk - Patient currently has an acti therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
[1] Diagona convential communication device (Circul	Therapy for the following:
[] Place sequential compression device (Single)	
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 actitherapeutic anticoagulant or VTE prophylaxis Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Singl	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
<ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous
High Risk - Patient currently has an active or therapeutic anticoagulant or VTE prophylaxis Required)	
[1] High risk of VTF	Routine Once

[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Di (1) (1)	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active order	
therapeutic anticoagulant or VTE prophylaxis ( Required)	Selection
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
F F J S	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 fac	ctors
•	
[] Low Risk (Single Response) (Selection Require	
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
A MODERATE D'AL ACDATA O A CALACATA D	early ambulation
<ul> <li>MODERATE Risk of DVT - Surgical (Selection Re Moderate Risk Definition</li> </ul>	equirea)
	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	riectianical propriylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	e, 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 hou	ırs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	· · · · · · · · · · · · · · · · · · ·
Patient (Single Response) (Selection Required	
<ul> <li>() Contraindications exist for pharmacologic pro BUT order Sequential compression device</li> </ul>	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
L L	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous

[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Contraindications exist for mechanical prophylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
()	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 Indication(s): VTE Prophylaxis
()	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 Indication(s): VTE Prophylaxis
()	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 mL/min Indication(s): VTE Prophylaxis
()	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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	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:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
F	Mechanical Prophylaxis (Single Response) (Se Required)	
	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
()	Place/Maintain sequential compression device continuous	Routine, Continuous

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)

[] Madagata Dialy (Colortina Descriped)	
[] Moderate Risk (Selection Required)	Davidina Once
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	tion
Non-Surgical Patient (Single Response) (Selec Required)	liOTI
() Contraindications exist for pharmacologic prop	ohylaxis - "And" Linked Panel
Order Sequential compression device	·
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
<ul> <li>() Contraindications exist for pharmacologic propagation</li> <li>AND mechanical prophylaxis</li> </ul>	ohylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)</li></ul>	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
( ) ( ) . (	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.

() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sele	ection
Required)	
( ) Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Selection Required)	

() 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

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Surgion	cal Patient	
(Single Response) (Selection Required)		
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
() enoxaparin for VTE Prophylaxis (Single Response	·	
() enoxaparin (LOVENOX) 30 mg daily at	30 mg, subcutaneous, daily at 1700	
1700	Indication(s): VTE Prophylaxis	
() enoxaparin (LOVENOX) 30 mg every 12	30 mg, subcutaneous, every 12 hours	
hours	Indication(s): VTE Prophylaxis	
() enoxaparin (LOVENOX) 40 mg daily at	40 mg, subcutaneous, daily at 1700	
1700	Indication(s): VTE Prophylaxis	
( ) enoxaparin (LOVENOX) 40 mg every 12 hours	40 mg, subcutaneous, every 12 hours	
( ) fondaparinux (ARIXTRA) injection	Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, Starting S+1	
( ) Toridaparinux (ARTATRA) injection	If the patient does not have a history or suspected case of	
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.	
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive	
	procedure, or CrCl LESS than 30 mL/min.	
	This patient has a history of or suspected case of Heparin-Induced	
	Thrombocytopenia (HIT):	
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM	
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM	
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS	
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.	
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1	
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.	
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1	
() 51	Indication:	
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S	
(COUMADIN)	Indication:	

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Response (Selection Required)</li></ul>	ponse)
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

( ) Place/Maintain sequential compression Routine, Continuous device 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

High Risk (Selection Required)     High risk of VTE	Routine, Once
	·
<ul> <li>High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)</li> </ul>	se)
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection F	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis
( ) 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	Indication(s): VTE Prophylaxis  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. Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 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)	
[]		10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[]	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Sele Required)	
	Contraindications exist for mechanical	Routine, Once
( )	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression device continuous	Routine, Continuous
	isk and Prophylaxis Tool (Single Response) ( /DVT Risk Definitions	Selection Required)  URL:  "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
ant (Sir () I	tient currently has an active order for therapeutic icoagulant or VTE prophylaxis with Risk Stratific ngle Response) (Selection Required) Moderate Risk - Patient currently has an active of herapeutic anticoagulant or VTE prophylaxis (Se	ation order for
[1	Required)  Moderate risk of VTE	Routine, Once
[]	Patient currently has an active order for	Routine, Once
[]	therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
[]	Place sequential compression device (Single R	· · · · · · · · · · · · · · · · · · ·
()		Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression device continuous	Routine, Continuous
t	Moderate Risk - Patient currently has an active of herapeutic anticoagulant or VTE prophylaxis (Se Required)	
[]	Moderate risk of VTE	Routine, Once
[]	Patient currently has an active order for	Routine, Once
	therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
[]	Place sequential compression device (Single R	
()	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
t	High Risk - Patient currently has an active order herapeutic anticoagulant or VTE prophylaxis (Se Required)	

[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
( ) Place/Maintain sequential compression	Routine, Continuous
device continuous	
() High Risk - Patient currently has an active order	
therapeutic anticoagulant or VTE prophylaxis (\$Required)	Selection
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	,
) LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	ctors
9	
[] Low Risk (Single Response) (Selection Require	ed)
() Low risk of VTE	Routine, Once
() LOW HOR OF VIL	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
) MODERATE Risk of DVT - Surgical (Selection Re	· · · · · · · · · · · · · · · · · · ·
Moderate Risk Definition	- Admod
	lechanical prophylaxis is optional unless pharmacologic is
contraindicated.	iosilariloai propriytaxio io optional ariloco priarmacologic io
One or more of the following medical conditions:	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	, log swelling, diocis, verious stasis and hopificite syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	rs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
Major sargery warm s months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - 9	
Patient (Single Response) (Selection Required	
7.5	
Contraindications exist for pharmacologic prop     BUT order Sequential compression device	Uniyianis Aliu Lilineu Fallei
·	Pouting Once
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[1] Dlace/Maintain assurable because in	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous

<ul> <li>Contraindications exist for pharmacologic pro AND mechanical prophylaxis</li> </ul>	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<ul><li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	ponse)
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	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:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<ul><li>Mechanical Prophylaxis (Single Response) (Se Required)</li></ul>	election
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression device continuous	Routine, Continuous

device continuous

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

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)

[] Madarata Dialy (Calastian Demoired)	
[] Moderate Risk (Selection Required)	Douting Once
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	tion
Non-Surgical Patient (Single Response) (Select Required)	IIOTI
() Contraindications exist for pharmacologic prop	ohylaxis - "And" Linked Panel
Order Sequential compression device	·
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
<ul> <li>() Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li></ul>	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
<ul><li>() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min</li></ul>	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
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
() Torradpartitus (ATTENTY III) Collori	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.

() 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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
<ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous
) HIGH Risk of DVT - Surgical (Selection Required)	
Address both pharmacologic and mechanical propl	nylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	D. C. O.
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin for VTE Prophylaxis (Single Respo	
() enoxaparin (LOVENOX) 30 mg daily at	30 mg, subcutaneous, daily at 1700
1700	Indication(s): VTE Prophylaxis
<ul><li>( ) enoxaparin (LOVENOX) 30 mg every 12 hours</li></ul>	30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 40 mg daily at 1700	40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) 40 mg every 12 hours	40 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
(, , , , , , , , , , , , , , , , , , ,	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
) HIGH Risk of DVT - Non-Surgical (Selection Requi	red)
Address both pharmacologic and mechanical prople	nylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[ ] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
<ul><li>[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)</li></ul>	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1 Indication(s): VTE Prophylaxis
( ) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
	Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Select	
Required)	
Address both pharmacologic and mechanical p	rophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
High Risk (Selection Required)	Routine, Once
[] High risk of VTE	
11 High Dials Dhagasanalagian Dagah dagia. Hig	<u>`</u>
<ul> <li>High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Responsance)</li> <li>(Selection Required)</li> </ul>	or Knee
(Arthroplasty) Surgical Patient (Single Response	or Knee
(Arthroplasty) Surgical Patient (Single Respo	o or Knee onse)  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
(Arthroplasty) Surgical Patient (Single Responsible (Selection Required)  () Contraindications exist for pharmacologic	o or Knee onse)  Routine, Once No pharmacologic VTE prophylaxis due to the following
(Arthroplasty) Surgical Patient (Single Responsible (Selection Required)  () Contraindications exist for pharmacologic prophylaxis	o or Knee onse)  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
(Arthroplasty) Surgical Patient (Single Responsible (Selection Required)  () Contraindications exist for pharmacologic prophylaxis  () aspirin chewable tablet	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
<ul> <li>(Arthroplasty) Surgical Patient (Single Responsible Contraindications exist for pharmacologic prophylaxis</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  162 mg, oral, daily, Starting S+1  162 mg, oral, daily, Starting S+1  1 Required)  2.5 mg, oral, 2 times daily, Starting S+1
(Arthroplasty) Surgical Patient (Single Response (Selection Required)  () Contraindications exist for pharmacologic prophylaxis  () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection [] apixaban (ELIQUIS) tablet  [] Pharmacy consult to monitor apixaban	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 n Required)  2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S
(Arthroplasty) Surgical Patient (Single Response (Selection Required)  () Contraindications exist for pharmacologic prophylaxis  () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection [] apixaban (ELIQUIS) tablet	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 n Required)  2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis  STAT, Until discontinued, Starting S Indications: VTE prophylaxis
(Arthroplasty) Surgical Patient (Single Response (Selection Required)  () Contraindications exist for pharmacologic prophylaxis  () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection [] apixaban (ELIQUIS) tablet  [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 n Required)  2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis  STAT, Until discontinued, Starting S Indications: VTE prophylaxis
(Arthroplasty) Surgical Patient (Single Response (Selection Required)  () Contraindications exist for pharmacologic prophylaxis  () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection [] apixaban (ELIQUIS) tablet  [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Register) (Selection Required)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  162 mg, oral, daily, Starting S+1  162 mg, oral, daily, Starting S+1  1 Required)  2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis  STAT, Until discontinued, Starting S Indications: VTE prophylaxis esponse)  40 mg, subcutaneous, daily at 0600, Starting S+1
(Arthroplasty) Surgical Patient (Single Response (Selection Required)  () Contraindications exist for pharmacologic prophylaxis  () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection [] apixaban (ELIQUIS) tablet  [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Regulation Required) () enoxaparin (LOVENOX) syringe	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 n Required)  2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis esponse)  40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
(Arthroplasty) Surgical Patient (Single Response (Selection Required)  () Contraindications exist for pharmacologic prophylaxis  () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection [] apixaban (ELIQUIS) tablet  [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Regulation Required) () enoxaparin (LOVENOX) syringe	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 n Required)  2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis esponse)  40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1

() ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	
<ul><li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li></ul>	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.
	Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
GREATER and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) 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
<ul> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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)	
<ul><li>[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission</li></ul>	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<ul> <li>() Pharmacy consult to manage warfarin (COUMADIN)</li> </ul>	STAT, Until discontinued, Starting S Indication:
\ /	
,	
VT Risk and Prophylaxis Tool (Single Response)	URL:
,	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" cation
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" cation
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (See	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" cation
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Serrequired)	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  cration  order for election  Routine, Once Routine, Once
PATENTA AND Prophylaxis Tool (Single Response)  VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Serequired)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" cation order for election  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
PVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Serequired)  [] Moderate risk of VTE  [] Patient currently has an active order for	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  cation  order for election  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
PVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Serequired)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  cation  order for election  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
VT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Serequired)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single R	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  cation  order for election  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: esponse)
PVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Serequired)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  cation  rder for election  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: esponse)  Routine, Once No mechanical VTE prophylaxis due to the following
PVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Serequired)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single Response)  () Contraindications exist for mechanical prophylaxis	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  cation  order for election  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: esponse) Routine, Once
PVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Serequired)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single Response)  () Contraindications exist for mechanical prophylaxis	"\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  cration  order for election  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: esponse)  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous

[] 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:
[] Place sequential compression device (Single	
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
<ul> <li>High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] High risk of VTE	Routine, Once
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() 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 ord therapeutic anticoagulant or VTE prophylaxis Required)	
[] High risk of VTE	Routine, Once
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	e 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 fa	actors
[] Low Risk (Single Response) (Selection Requi	ired)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
) MODERATE Risk of DVT - Surgical (Selection F	

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
( ) 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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
<ul><li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<ul><li>[] Mechanical Prophylaxis (Single Response) (S Required)</li></ul>	Selection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression device continuous	Routine, Continuous
MODERATE Risk of DVT - Non-Surgical (Select	tion

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

[] Moderate Risk (Selection Required)	Davidina Once
[] Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis -	41
Non-Surgical Patient (Single Response) (Selec	tion
Required)	alestado HAndil I falent Danal
() Contraindications exist for pharmacologic prop Order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
<ul> <li>Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res	ponse)
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
	Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
	Indication(s): VTE Prophylaxis

() 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
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	lection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Selection Required)	
High Diels Definition	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	ical Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin for VTE Prophylaxis (Single Resp	oonse)
( ) enoxaparin (LOVENOX) 30 mg daily at 1700	30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) 30 mg every 12 hours	30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) 40 mg daily at 1700	40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) 40 mg every 12 hours	40 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
() Toridaparillax (ARTXTTCA) injection	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (	Selection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Re	equired)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-Si	urgical
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() enoxapanii (LOVLINOX) synnge	Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S
() patients with GIGE EEGS than 30 me/min	For Patients with CrCL LESS than 30 mL/min
	Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
OTOL CIVER WIGHT OF HIETHIN	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis

()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
( )	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
()	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700
		Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
[] [	Mechanical Prophylaxis (Single Response) (Sele	ection
	Required)	
()	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression	Routine, Continuous
	device continuous	
HIC	GH Risk of DVT - Surgical (Hip/Knee) (Selection	
Re	quired)	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip o	r Knee
(Arthroplasty) Surgical Patient (Single Respons	se)
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection R	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
	Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Starting S+1
	Indication(s): VTE Prophylaxis

() 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. Indication(s): VTE Prophylaxis
() 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. Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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
<ul><li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	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
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ction
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous	Routine, Continuous
Cardiology	
Cardiology	
[] Electrocardiogram, 12-lead	Routine, Once For 1 Occurrences Clinical Indications: Cardiac Arrhythmia Interpreting Physician: On Admission
Imaging	
СТ	
[] CTA Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CTA Neck W Wo Contrast [] CT Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1  Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Stroke Brain Wo Contrast	Perform 6 hours after ICU admission STAT, 1 time imaging, Starting S at 1:00 AM For 1
OT.	

[] CTA Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Deck W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Perform 6 hours after ICU admission
[] CT Stroke Brain Wo Contrast	STAT, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Stroke Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Perform 6-24 hours after INITIAL Brain Imaging.
Diagnostic MRI/MRA	
[] MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRI Brain Venogram	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRI Stroke Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRA Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRA Neck Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
X-Ray	
[] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Respiratory	
Respiratory Therapy	
[] Oxygen therapy - Nasal cannula	Routine, Continuous
	Device: Nasal Cannula
	Rate in liters per minute: 2 lpm Rate in tenths of a liter per minute:
	O2 %:
	Titrate to keep O2 Sat Above: Other (Specify)
	Specify titration to keep O2 Sat (%) Above: 94
	Indications for O2 therapy: Respiratory distress
	Device 2:
	Device 3: Indications for O2 therapy:
[X] Pulse oximetry check	Routine, Daily
p.q. r. diee eximeny eneck	Current FIO2 or Room Air:
Consults	
For Physician Consult orders use sidebar	
Physician Consults	
[] Consult Physical Medicine Rehab	Reason for Consult?
	Patient/Clinical information communicated? Patient/clinical information communicated?
Consults	
[X] Consult to Social Work	Reason for Consult: Discharge Planning
[X] Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable
	New functional deficits, not expected to spontaneously
	recover with medical modalities,Other
	Specify: Stroke
	Are there any restrictions for positioning or mobility?
	Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):
	Weight Bearing Status:

Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming),Other Specify: Stroke
Are there any restrictions for positioning or mobility?
Please provide safe ranges for HR, BP, O2 saturation( if
values are very abnormal):
Weight Bearing Status:
Consult Reason: Discharge Planning
Routine, Once
Consult Reason: Other specify
Specify: Post Hemorrhagic Stroke
Reason for consult?
Reason For Consult?
Purpose/Topic:
Reason for Consult: Discharge Planning
Reasons for referral to Physical Therapy (mark all applicable):
New functional deficits, not expected to spontaneously
recover with medical modalities,Other
Specify: Stroke
Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if
values are very abnormal):
Weight Bearing Status:
Pre-morbid mRS and mRS at discharge
Reason for referral to Occupational Therapy (mark all that
apply): Decline in Activities of Daily Living performance from
baseline (bathing, dressing, toileting, grooming),Other
Specify: Stroke
Are there any restrictions for positioning or mobility?
Please provide safe ranges for HR, BP, O2 saturation( if
values are very abnormal):
Weight Bearing Status:
Consult Reason: Discharge Planning
Routine, Once Consult Reason: Other specify
Specify: Post Hemorrhagic Stroke
Reason for consult?
Routine
Request Date:
Therapy Requested:
Please Indicate REASON FOR REFERRAL (check all that
Please Indicate REASON FOR REFERRAL (check all that apply):
Please Indicate REASON FOR REFERRAL (check all that apply):  Reason For Consult?