Neuro Intensive Care (NICU) Admission [1719]

Common Present on Admission Diagnosis	
1 Acidosis	Details
Acute Post-Hemorrhagic Anemia	Details
Acute Renal Failure	Details
Acute Respiratory Failure	Details
Acute Thromboembolism of Deep Veins of Lower	Details
Extremities	20150
] Anemia	Details
] Bacteremia	Details
Bipolar disorder, unspecified	Details
Cardiac Arrest	Details
Cardiac Dysrhythmia	Details
] Cardiogenic Shock	Details
] Decubitus Ulcer	Details
Dementia in Conditions Classified Elsewhere	Details
Disorder of Liver	Details
Electrolyte and Fluid Disorder	Details
Intestinal Infection due to Clostridium Difficile	Details
Methicillin Resistant Staphylococcus Aureus Infection	Details
] Obstructive Chronic Bronchitis with Exacerbation	Details
Other Alteration of Consciousness	Details
Other and Unspecified Coagulation Defects	Details
Other Pulmonary Embolism and Infarction	Details
Phlebitis and Thrombophlebitis	Details
Protein-calorie Malnutrition	Details
] Psychosis, unspecified psychosis type	Details
] Schizophrenia Disorder	Details
] Sepsis	Details
] Septic Shock	Details
] Septicemia	Details
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
] Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selection	Required)
) Admit to Inpatient	Admitting Physician:
. , e process	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
Outpotiont obconvotion convices under concert	services for two or more midnights.
Outpatient observation services under general supervision	Admitting Physician: Patient Condition:
3upa vision	Bed request comments:
) Outpatient in a bed - extended recovery	Admitting Physician:
J Outpatient in a bed - extended recovery	Bed request comments:

() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission (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 @CERMSG(674511:)@	
[X] Code Status (Single Response) DNR and Modified Code orders should be placed	by the responsible physician.
() Full code	Code Status decision reached by:
() DNR (Do Not Resuscitate) (Selection Required	,
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
[] Consult to Palliative Care Service	
[] 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:
[] Treatment Restrictions ((For use when a patient is in a cardiopulmonary arrest))	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	D + 1
[] Airborne isolation status [] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once Once

[] Contact isolation status	Details
[] Droplet isolation status	Details Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[X] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
[] Spinal precautions	Details
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Every hour
[V] Bules eximetry check	Aligned with neurological assessments. Routine, Continuous
[X] Pulse oximetry check	Current FIO2 or Room Air:
	Odificial 102 of Room Air.
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Every 15 min
	Every 15 minutes x 2 hours then every 1 hour. For Temp,
	check every 4 hours.
[X] Pulse oximetry check	Routine, Continuous
	Current FIO2 or Room Air:
Activity	
[] Strict bed rest	Routine, Until discontinued, Starting S
[] Turn patient	Routine, Every 2 hours
[] Up with assistance	Routine, Until discontinued, Starting S
	Specify: Up with assistance
[] Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
[] Elevate Head of bed 30 degrees or greater	Routine, Until discontinued, Starting S
(semi-recumbent)	Head of bed: 30 degrees or greater (semi-recumbent)
[] Head of bed flat	Routine, Until discontinued, Starting S
[] Head of bed flat	Head of bed: flat
Nursing	
[X] Neurological assessment	Routine, Every hour
	Assessment to Perform: Level of Consciousness, Motor
[1] ICD Monitoring and Notify	exam,Pupils
[] ICP Monitoring and Notify [] ICP monitoring	Routine, Every hour
	Record: Intracranial pressure, Cerebral perfusion pressure, Cerebrospinal
	spinal fluid drainage
	Monitor and record output
[] Notify Physician if Intracranial Pressure	Routine, Until discontinued, Starting S
greater than 20 cm H2O for 5 minutes	
[] Hemodynamic Monitoring	Routine, Continuous Measure: MAP,CVP,SVR,SVV,Cardiac Index
[] Ventriculostomy Drain Care (Single Response)	
() Ventriculostomy drain care - Open level at 5	Routine, Every hour
cm H2O above EAC	Device: Open
	Level at (cm H2O): 5 above EAC
() Ventriculostomy drain care - Open level at	Routine, Every hour
20 cm H2O above EAC	Device: Open
H	Level at (cm H2O): 20 above EAC

() Ventriculostomy drain care - Clamped level at 20 cm H2O above EAC	Routine, Every hour Device: Clamped Loyel at (cm H2O): 20 above EAC
[] Drain care	Level at (cm H2O): 20 above EAC Routine, Until discontinued, Starting S
	Type of drain:
	Specify location: Drain Number:
	Drainage/Suction:
[] Lumbar drain care	Routine, Until discontinued, Starting S
	Lumbar drain mgmt:
[X] Height and weight	Routine, Once For 1 Occurrences On admission
[] Daily weights	Routine, Daily
[] Nasogastric tube insertion	Routine, Once Type:
[] Nasogastric tube maintenance	Routine, Until discontinued, Starting S
	Tube Care Orders:
[] Oral care	Routine, Every shift
[] Nurse to advance mattress at first sign of Stage I decubitus ulcer per protocol	or II Routine, Until discontinued, Starting S
[X] Strict intake and output	Routine, Every hour
[X] Dysphagia screen	Routine, Once
[] Straight cath	Routine, Every 6 hours
	If unable to void after second straight cath, insert Foley and
[1] Incort/Maintain Falou and Notify	call physician.
[] Insert/Maintain Foley and Notify	Pautina Onco
[] Insert Foley catheter	Routine, Once Type:
	Size:
	Urinometer needed:
	Indication:
	If unable to void after second attempt at straight cath, insert Foley and cal physician
[] Foley catheter care	Routine, Until discontinued, Starting S
	Orders: Maintain
II Not Division in the second of the second	to gravity/bedside drain
[] Notify Physician if unable to void after second attempt at straight cath and Foley inserted	Routine, Until discontinued, Starting S
[X] No anticoagulants INcluding UNfractionated hepa	arin Routine, Until discontinued, Starting S Reason for "No" order: high risk of bleeding
[] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S
	Reason for "No" order:
Nursing	
[X] Neurological assessment	Routine, Every 15 min
	Assessment to Perform: Level of Consciousness, Motor exam, Pupils
[] ICP Monitoring and Notify	charry upito
[] ICP monitoring	Routine, Every hour
	Record: Intracranial pressure, Cerebral perfusion pressure, Cerebrospinal
	spinal fluid drainage
[1] Notify Physician if Introcranial Process	Monitor and record output
[] Notify Physician if Intracranial Pressure greater than 20 cm H2O for 5 minutes	Routine, Until discontinued, Starting S
[] Hemodynamic Monitoring	Routine, Continuous Measure: MAP,CVP,SVR,SVV,Cardiac Index
[] Ventriculostomy Drain Care (Single Response)	ivicasure. ivini ,0 v r ,0 v i ,0 arulat liluex
() Ventriculostomy drain care - Open level at 5	Routine, Every hour
cm H2O above EAC	Device: Open
	Level at (cm H2O): 5 above EAC

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straight cath, insert Foley and
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[] Notify Physician of intrathecal medication to be delivered	Routine, Until discontinued, Starting S
[] Notify Physician for changes in vasopressor orders	Routine, Until discontinued, Starting S, Including any additional vasopressor orders.
[] Notify Physician of the following:	Routine, Until discontinued, Starting S, Loss or new
	dampening of intracranial pressure waveform, drainage of
	new bright red blood, disconnection of intracranial pressure
	monitor, or drainage at intracranial pressure monitor site.
Notify Physician of any anti-epileptic medication levels	Routine, Until discontinued, Starting S
[X] Notify Physician of No Bowel Movement for more than 72	Routine, Until discontinued, Starting S
hours	Noutine, Ontil discontinued, Starting 5
liouis	
Diet	
Diet	
[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:
NPO except meds	Diet effective now, Starting S
	NPO: Except meds
	Pre-Operative fasting options:
NPO after midnight except meds	Diet effective midnight, Starting S+1 at 12:01 AM
[] The Gallet manight except meas	NPO: Except meds
	Pre-Operative fasting options:
[] Diet - Clear liquids	Diet effective now, Starting S
[] Diet - Clear iiquids	Diet(s): Clear Liquids
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
	If patient passes Dysphagia screen.
Diet - Heart healthy	Diet effective now, Starting S
[] Diet - Heart healthy	Diet(s): Heart Healthy
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
	If patient passes Dysphagia screen.
[] Diet - 2000 Kcal/225 gm Carb	Diet effective now, Starting S
[] Diet - 2000 Kcal/225 gm Carb	Diet(s): 2000 Kcal/225 gm Carbohydrate
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
	If patient passes Dysphagia screen.
[] Diet	Diet effective now, Starting S
11 5.00	Diet enective now, Starting 3
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
	If patient passes Dysphagia screen.
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[] T. L. C P		Patratian Control
[] Tube feeding		vite effective now, Starting S
		ube Feeding Formula:
		ube Feeding Schedule:
		ube Feeding Schedule:
	D	lietitian to manage Tube Feed?
Consent		
[] Complete consent form	R	outine, Once
	Р	rocedure:
	D	viagnosis/Condition:
	Р	hysician:
		tisks, benefits, and alternatives (as outlined by the Texas
		ledical Disclosure Panel, as appears on Houston Methodist
		ledical/Surgical Consent forms) were discussed with
		atient/surrogate?
IV Fluids		
IV Fluids (Single Response)		
() sodium chloride 0.9 % infusion	ir	ntravenous, continuous
() lactated Ringer's infusion		ntravenous, continuous
-		ntravenous, continuous
sodium chloride 0.9 % with potassium chloride 2 infusion	JIIIEY/E II	maverious, continuous
	ataaaium in	stravanava, continuova
	Jiassiuiii ii	stravenous, continuous
chloride 20 mEq/L infusion - for NPO Patients		
() sodium chloride (HYPERTONIC) 3 % infusion		ntravenous, continuous
		ESTRICTED to Nephrology, Critical Care, Emergency
		ledicine, and Neurosurgery specialists. Are you a
		lephrology, Critical Care, Emergency Medicine, or
	N	leurosurgery specialist or ordering on behalf of one?
Medications		
Medications - MIsc.		
chlorhexidine (PERIDEX) 0.12 % solution	1	5 mL, Mouth/Throat, every 4 hours while awake
·		o me, meany meany meane mine amane
Propose NEW Seizure Management (Single Resp		Followed by I Linked Donel
() levETIRAcetam (KEPPRA) IVPB followed by levETIRAcetam (KEPPRA) oral tablet		Followed by" Linked Panel
[] levETIRAcetam (KEPPRA) IV Loading		ntravenous, once, For 1 Doses
Dose		aff Policy, R.Ph. will automatically switch IV to equivalent PC
[] levETIRAcetam (KEPPRA) tablet		above approved criteria are satisfied: I, every 12 hours, Starting H+12 Hours
Maintenance Dose		· •
() levETIRAcetam (KEPPRA) 1000 mg IVPB follow levETIRAcetam (KEPPRA) 500 mg IVPB	ed by "I	Followed by" Linked Panel
[] levETIRAcetam (KEPPRA) IV Loading	1,000 mg, ir	ntravenous, once, For 1 Doses
Dose		aff Policy, R.Ph. will automatically switch IV to equivalent PC
		above approved criteria are satisfied:
[] levETIRAcetam (KEPPRA) IV Maintenance		avenous, every 12 hours, Starting H+12 Hours
, , , , , , , , , , , , , , , , , , , ,		averious, every 12 hours, starting n+12 hours aff Policy, R.Ph. will automatically switch IV to equivalent PC
Dose		
(above approved criteria are satisfied:
() levETIRAcetam (KEPPRA) 500 mg IVPB followe levETIRAcetam (KEPPRA) 500 mg IVPB	u by "	Followed by" Linked Panel

[] levETIRAcetam (KEPPRA) IV Loading Dose	500 mg, intravenous, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
[] levETIRAcetam (KEPPRA) IV Maintenance Dose	500 mg, intravenous, every 12 hours, Starting H+12 Hours Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
) fosphenytoin (CEREBYX) IV followed by phenyto	**
(DILANTIN) ER oral capsule	(II)
[] fosphenytoin (CEREBYX) IVPB Loading Dose by phenytoin (DILANTIN) ER oral capsule	followed "Followed by" Linked Panel
[] fosphenytoin (CEREBYX) IVPB loading dose	intravenous, Administer over: 30 Minutes, once, For 1 Doses
[] phenytoin (DILANTIN) ER capsule	100 mg, oral, every 8 hours, Starting H+8 Hours
[] Phenytoin level	AM draw repeats
[] Free phenytoin level	AM draw repeats
) fosphenytoin (CEREBYX) IV followed by fospher (CEREBYX) IV (Single Response)	nytoin
Select Load/Maintenance by Routes of Administr	ration:
• IVPB / IV Push	
• IVPB / IVPB	
Note: The IV Push Maintenance selection has t	he option to change route to intraMUSCULAR
TVOIC. THE TV T don Walltonance Scientist has t	no option to ondrige route to initially 600027 tiv
() IV/DD Loading Doog Followed by IV/ Duch Moir	tonono
 () IVPB Loading Dose Followed by IV Push Mair Dose (Single Response) 	nenance
Loading Dose Once Followed by Every 8 Hornance	ur
[] Loading Dose Once Followed by Every 8 H	our "Followed by" Linked Panel
Maintenance [] fosphenytoin (CEREBYX) IVPB Loading	intravenous, Administer over: 30 Minutes, once, For 1 Doses
Dose	
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 8 hours, Starting H+8 Hours
[] Phenytoin level	AM draw repeats
[] Free phenytoin level	AM draw repeats
() Loading Dose Once Followed by Every 12 Ho	our
Maintenance [] Loading Dose Once Followed by Every 12 h	Hour "Followed by" Linked Panel
Maintenance	I ollowed by Liliked Fallel
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, Administer over: 30 Minutes, once, For 1 Doses
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 12 hours, Starting H+12 Hours
[] Phenytoin level	AM draw repeats
[] Free phenytoin level	AM draw repeats
Loading Dose Once Followed by Every 24 Ho Maintenance	•
[] Loading Dose Once Followed by Every 24 h	nours "Followed by" Linked Panel
Maintenance	<u> </u>
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, Administer over: 30 Minutes, once, For 1 Doses
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 24 hours, Starting H+24 Hours
[] Phenytoin level	AM draw repeats
[] Free phenytoin level	AM draw repeats
() fosphenytoin (CEREBRYX) IVPB level, loading	g, and
maintenance dose	ANA disput reposts For 2 Commissions
[] Phenytoin level	AM draw repeats For 3 Occurrences

[] Free phenytoin level	AM draw repeats For 3 Occurrences
[] fosphenytoin (CEREBRYX) IV loading and m dose	naintenance "Followed by" Linked Panel
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, Administer over: 30 Minutes, once, For 1 Doses
[] fosphenytoin (CEREBYX) IVPB	intravenous
Maintenance Dose	Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent
	PO dose when above approved criteria are satisfied:
asospasm (Single Response)	
niMODipine (NIMOTOP) capsule	30 mg, oral, Every 2 Hours (TIME CRITICAL)
niMODipine (NIMOTOP) capsule	60 mg, oral, Every 4 Hours (TIME CRITICAL)
niMODipine (NYMALIZE) oral solution	30 mg, oral, Every 2 Hours (TIME CRITICAL)
niMODipine (NYMALIZE) oral solution	60 mg, oral, Every 4 Hours (TIME CRITICAL)
nti-infectives	
cefazolin (ANCEF) IV	1 g, intravenous, every 8 hours Reason for Therapy:
cefepime (MAXIPIME) IV	intravenous
,	Type of Therapy:
metronidazole (FLAGYL)	intravenous
,	Per Med Staff Policy, R.Ph. will automatically switch IV to
	equivalent PO dose when above approved criteria are
	satisfied:
	Reason for Therapy:
piperacillin-tazobactam (ZOSYN) IV	intravenous
	Per Med Staff Policy, R.Ph. will automatically renally dose thi
	medication based on current SCr and CrCl values.
	Reason for Therapy:
vancomycin (VANCOCIN) IV	intravenous
	Per Med Staff Policy, R.Ph. will automatically renally dose thi
	medication based on current SCr and CrCl values.
Pharmacy consult to manage vancomycin	Reason for Therapy: Routine, Until discontinued, Starting S For Until specified
Thamaey concan to manage valicemy sin	Indication:
P Elevation Management	
mannitol 20 % injection	1 g/kg, intravenous, Administer over: 30 Minutes, once, For 1
	Doses
	Continually monitor ICP, and contact provider for ICP > 20 fo
	5 minutes or longer.
Manaital COII and Day 12 diets	Hold for serum sodium > 155, serum osmolality > 320.
Mannitol Q6H and Required Labs	interconnects Administration areas 20 Miles from a constant
[] mannitol 20 % injection	intravenous, Administer over: 30 Minutes, every 6 hours
	Continually monitor ICP, and contact provider for ICP > 20 for 5 minutes
	or longer. Hold for serum sodium > 155, serum osmolality > 320.
Sodium level	Every 6 hours
[] Sodium level	Continue while patient is taking mannitol.
	Continue while patient is taking maillilloi.
Osmolality, serum	Every 6 hours

[] Notify Physician for (Specify lab)	Routine, Until discontinued, Starting S
[] Notify i flysician for (Opecity lab)	BUN greater than:
	Creatinine greater than:
	Glucose greater than:
	Glucose less than:
	Hct less than:
	Hgb less than:
	LDL greater than:
	Magnesium greater than (mg/dL):
	Magnesium less than (mg/dL):
	Platelets less than:
	Potassium greater than (mEq/L):
	Potassium less than (mEq/L):
	PT/INR greater than:
	PT/INR less than:
	PTT greater than:
	PTT less than:
	Serum Osmolality greater than:
	Serum Osmolality less than:
	Sodium greater than:
	Sodium less than:
	WBC greater than:
	WBC less than:
	Other Lab (Specify): serum sodium GREATER than 155 mEq/L or serum
	Osmolality greater than 320 mmol/L
sodium chloride concentrated injection (23.4%) elevated intracranial pressure + Required Labs	for
[] Sodium chloride concentrated injection (23.49)	%) Ⅳ "And" Linked Panel
	o) IV And Enked Laner
syringe+ NS Flush Panel [] sodium chloride concentrated injection	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once
syringe+ NS Flush Panel	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses
syringe+ NS Flush Panel [] sodium chloride concentrated injection	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once, For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L.
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once, For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED)	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one?
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once, For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level sodium chloride 3% infusion + Required Labs	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level sodium chloride 3% infusion + Required Labs [] sodium chloride (HYPERTONIC) 3 %	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level sodium chloride 3% infusion + Required Labs	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once, For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level sodium chloride 3% infusion + Required Labs [] sodium chloride (HYPERTONIC) 3 %	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer.Continually monitor ICP, and contact provider for ICP
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level sodium chloride 3% infusion + Required Labs [] sodium chloride (HYPERTONIC) 3 %	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer.Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer.
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level sodium chloride 3% infusion + Required Labs [] sodium chloride (HYPERTONIC) 3 %	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer.Continually monitor ICP, and contact provider for ICP
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level] sodium chloride 3% infusion + Required Labs [] sodium chloride (HYPERTONIC) 3 %	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once, For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer.Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer.
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level] sodium chloride 3% infusion + Required Labs [] sodium chloride (HYPERTONIC) 3 %	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer. Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer. RESTRICTED to Nephrology, Critical Care, Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care,
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level sodium chloride 3% infusion + Required Labs [] sodium chloride (HYPERTONIC) 3 %	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer.Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer. RESTRICTED to Nephrology, Critical Care, Emergency Medicine, and
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level] sodium chloride 3% infusion + Required Labs [] sodium chloride (HYPERTONIC) 3 %	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer.Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer. RESTRICTED to Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level sodium chloride 3% infusion + Required Labs infusion	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once, For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer. RESTRICTED to Nephrology, Critical Care, Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one? Every 6 hours
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level sodium chloride 3% infusion + Required Labs [] sodium chloride (HYPERTONIC) 3 % infusion	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once, For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer. Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer. RESTRICTED to Nephrology, Critical Care, Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one? Every 6 hours Continue while patient is on a sodium chloride 3% infusion.
syringe+ NS Flush Panel [] sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED) [] sodium chloride 0.9% flush [] Sodium level sodium chloride 3% infusion + Required Labs sodium chloride (HYPERTONIC) 3 % infusion	120 mEq, intravenous, at 180 mL/hr, Administer over: 10 Minutes, once For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one? 10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride Every 6 hours For 4 Occurrences intravenous, continuous Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer. RESTRICTED to Nephrology, Critical Care, Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one? Every 6 hours

[] Notify Physician for (Specify lab)	Routine, Until discontinued, Starting S
	BUN greater than:
	Creatinine greater than:
	Glucose greater than:
	Glucose less than:
	Hct less than:
	Hgb less than:
	LDL greater than:
	Magnesium greater than (mg/dL):
	Magnesium less than (mg/dL):
	Platelets less than:
	Potassium greater than (mEq/L):
	Potassium less than (mEg/L):
	PT/INR greater than:
	PT/INR less than:
	PTT greater than:
	PTT less than:
	Serum Osmolality greater than:
	Serum Osmolality less than:
	Sodium greater than:
	Sodium less than:
	WBC greater than:
	WBC less than:
	Other Lab (Specify): serum sodium GREATER than 155 mEq/L or serum
	Osmolality greater than 320 mmol/L
Medications - Bowel Managment	
[X] polyethylene glycol (MIRALAX) packet	17 g, oral, 2 times daily
[X] Stool Softener Options (Single Response)	<u> </u>
(X) docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
() sennosides-docusate sodium	2 tablet, oral, nightly
(SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, mightly
(OENORO) 0, 0.0 00 mg por tablet	
IV Infusions - Vasopressors (Single Response)	
() phenylephrine (NEO-SYNEPHRINE) infusion	5-300 mcg/min, intravenous, titrated
() DOPamine IV infusion	2-10 mcg/kg/min, intravenous, titrated
() norEPInephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, titrated
() vasopressin (PITRESSIN) infusion	0.01-0.04 Units/min, intravenous, continuous
	Initiate vasopressin infusion at 0.01 units/min.
	Titrate by 0.01 units/min to keep mean arterial pressure above
	*** millimeters of mercury.
Antihypertensives - IV Infusion (Single Response)	
() niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated
() MONTE PINO (ONTO LITE) IV INICIONI	2.5 15 mg/m, maayonodo, adatod
Antihypertensives - PRN (Single Response)	
(X) hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours PRN, high blood pressure
(, , , , (BP HOLD parameters for this order:
	Contact Physician if:
() labetalol (TRANDATE) injection	10 mg, intravenous, every 15 min PRN, high blood pressure,
() labetalor (TRANDATE) injection	
	systolic blood pressure greater than 160 mm of mercury
	Hold for a heart rate of less than 60 beats per minute. Notify
	MD if 3 successive doses are administered.
	BP & HR HOLD parameters for this order: BP & HR HOLD
	Parameters requested
	Contact Physician if:
	BP & HR HOLD for: Heart Rate LESS than 60 bpm

() metoprolol (LOPRESSOR) injection	5 mg, intravenous, every 6 hours PRN, high blood pressure, systolic blood pressure greater than 160 mm of mecury Hold for heart rate less than 60 beats per minute. BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm Contact Physician if:	
() enalaprilat (VASOTEC) injection	1.25 mg, intravenous, every 6 hours PRN, high blood pressure, systolic blood pressure greater than 160 mm of mercury BP HOLD parameters for this order: Contact Physician if:	
PRN Medications - Insomnia (Single Response)		
() zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep	
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep	
PRN Medications - Insomnia (Single Response)		
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep	
PRN Medications - Bowel Management (Single Re	esponse)	
() magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation	
	Give scheduled until bowel movement.	
() bisacodyl (DULCOLAX) EC tablet	10 mg, oral, nightly PRN, constipation Give scheduled until bowel movement.	
() bisacodyl (DULCOLAX) suppository	10 mg, rectal, nightly PRN, constipation	
() and an	Give scheduled until bowel movement.	
() milk and molasses enema	30 mL, rectal, daily PRN, constipation	
PRN Medications - Bowel Management		
[] saline,mineral oil,glycerin (S.M.O.G.) enema	180 mL, rectal, once	
PRN Medications - Fever Management		
[X] Acetaminophen oral/oral liquid/rectal - fever conti	ol "Or" Linked Panel	
	rom all sources. (Cirrhosis patients maximum: 2 grams per day from all	
[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[X] acetaminophen (TYLENOL)suspension	(Cirrnosis patients maximum: 2 grams per day from all sources) 650 mg, oral, every 6 hours PRN, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Us patient cannot swallow tablet.	
[X] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.	
PRN Medications - Antiemetics: For Patients LES	S than 65 years old	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired) "Or" Linked Panel	
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.	
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset action is required.	
[] ondansetron (ZOFRAN) 8 mg, dexamethasone (DECADRON) 8 mg in sodium chloride 0.9 % 50 IVPB (Use caution when using in pituitary patient	8 mg, intravenous, Administer over: 10 Minutes, once PRN, mL nausea	

[] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg days) - For Patients LESS than 65 years old	ng over 3 1 patch, transdermal, Administer over: 72 Hours, every 72 hours
PRN Medications - Antiemetics: For Patients GRE	EATER than or EQUAL to 65 years old
[X] ondansetron (ZOFRAN) IV or Oral (Selection Rec	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
 ondansetron (ZOFRAN) 8 mg, dexamethasone (DECADRON) 8 mg in sodium chloride 0.9 % 50 lives IVPB (Use caution when using in pituitary patients) 	
PRN Medications - Eye/Sinus Care	
[] artificial tears ointment	Both Eyes, every 4 hours PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)
[] artificial tears solution	2 drop, Both Eyes, every 2 hour PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)
[] sodium chloride (OCEAN) 0.65 % nasal spray	2 spray, Each Nare, every 6 hours PRN, nasal stuffiness
sodium chloride 0.9% bag for line care	
[X] sodium chloride 0.9% bag for line care	250 mL, intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.
VTE	
DVT Risk and Prophylaxis Tool (Single Response)	
VTE/DVT Risk Definitions	URL: "¥¥appt1¥epicappprod¥Restricted¥OrderSets¥VTEDVTRI
Authorized Indian October Co. O. M. Programme	SKDEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
 Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) 	
() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (\$Required)	
[] Moderate risk of VTE	Routine, Once
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] 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 active therapeutic anticoagulant or VTE prophylaxis (\$ Required)	
[] Moderate risk of VTE	Routine, Once

[] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once 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 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
[] 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.
II Discourse (Coloreste de Coloreste	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
ριομηγιαχίς	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
[] 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] Place acquential compression device (Single	Therapy for the following:
Place sequential compression device (SingleContraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyidado	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 R	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)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)		
[] Moderate risk of VTE	Routine, O	nce
[] Moderate Risk Pharmacological Prophylaxis - S		
Patient (Single Response) (Selection Required		And Linked Denet
 () Contraindications exist for pharmacologic properties. BUT order Sequential compression device 	onyiaxis	"And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, (Once
prophylaxis		acologic VTE prophylaxis due to the following
	contraind	
[] Place/Maintain sequential compression device continuous	Routine, (Continuous
Contraindications exist for pharmacologic propagation AND mechanical prophylaxis	ohylaxis	"And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, (
prophylaxis	contraind	acologic VTE prophylaxis due to the following cation(s):
[] Contraindications exist for mechanical	Routine, 0	
prophylaxis		anical VTE prophylaxis due to the following
() enoxaparin (LOVENOX) injection (Single Res	contraind	cation(s).
(Selection Required)	porise)	
Patient renal status: @CRCL@		
doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	s parin 40mg ev	min, enoxaparin orders will apply the following recommended ery 12 hours
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)	
[] enoxaparin (LOVENOX) injection	30 mg, s Indicatio	subcutaneous, daily at 1700, Starting S+1 n(s):
() For CrCl GREATER than or EQUAL TO 30 r	nL/min -	
enoxaparin (LOVENOX) subcutaneous		
[] enoxaparin (LOVENOX) injection	Indicatio	
() fondaparinux (ARIXTRA) injection	If the patie Heparin-Ind Contraindid procedure, This patien	ocutaneous, daily, Starting S+1 nt does not have a history of or suspected case of duced Thrombocytopenia (HIT) do NOT order this medication. cated in patients LESS than 50kg, prior to surgery/invasive or CrCl LESS than 30 mL/min. t has a history of or suspected case of Heparin-Induced

5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

() heparin (porcine) injection

() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() 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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() MODERATE Risk of DVT - Non-Surgical (Selectio	n
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)

Major surgery within 3 months of admission

[] Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis -	·
Non-Surgical Patient (Single Response) (Select	ion
Required)	
() Contraindications exist for pharmacologic prop Order Sequential compression device	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	hylaxis "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):

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgi	cal Patient
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700

subcutaneous Dally at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
 For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous 	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election

viechanical Prophylaxis (Single Response) (Selection Required)

() Contraindications exist for mechanical prophylaxis

Routine, Once

No mechanical VTE prophylaxis due to the following contraindication(s):

() Place/Maintain sequential compression device continuous

Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
	·	

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

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

enoxaparin (LOVENOX) injection (Single Response)

(Selection Required)

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

() Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)

[] High risk of VTE Printed on 8/8/2023 at 4:23 PM from Production Routine, Once

(Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection 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)	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQI doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxaparin	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 in enoxaparin (LOVENOX) subcutaneous	· ·
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
 () Rivaroxaban and Pharmacy Consult (Selection Required) 	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] 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:
Machanical Drambulavia (Cingle Degrapes) (Co	election
 Mechanical Prophylaxis (Single Response) (Se Required) () Contraindications exist for mechanical 	

() Place/Maintain sequential compression device continuous	Routine, Continuous
/T Risk and Prophylaxis Tool (Single Response)	(Selection Required)
VTE/DVT Risk Definitions	URL:
	"¥¥appt1¥epicappprod¥Restricted¥OrderSets¥VTEDVTRI
	SKDEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL:
Third against Calabia is Covid patients	"https://formweb.com/files/houstonmethodist/documents/C
	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therapeuti	ic .
anticoagulant or VTE prophylaxis with Risk Stratifi	
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active	order for
therapeutic anticoagulant or VTE prophylaxis (S	
Required)	ociection .
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.
ριοριιγιαλίο	Therapy for the following:
[] Place sequential compression device (Single F	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Di (14 :	contraindication(s):
Place/Maintain sequential compression device continuous	Routine, Continuous
() Moderate Risk - Patient currently has an active	order for
therapeutic anticoagulant or VTE prophylaxis (S	
	ociection
Required)	Davidina Once
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] Diago appropriate compression device (Single I	Therapy for the following:
[] Place sequential compression device (Single F	
() 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
ACTION CANDIDATION	
	r for
() High Risk - Patient currently has an active order	
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S 	
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required) 	Selection
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) High risk of VTE	Selection Routine, Once
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) High risk of VTE Patient currently has an active order for	Routine, Once Routine, Once
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE 	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) High risk of VTE Patient currently has an active order for	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single Feature 1)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response)
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single Feet) Contraindications exist for mechanical	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once
 () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single February) 	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single Feet) Contraindications exist for mechanical	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Feet) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Ferrophylaxis) [] Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Ferrophylaxis [] Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active order	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Ferrophylaxis) [] Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous

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	e 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 fa	actors
[] Low Risk (Single Response) (Selection Requi	
() 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	Required)
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed.	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	:
CHF, MI, lung disease, pneumonia, active inflan	nmation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stroke, rheumatologic disease, sickle cell diseas	se, 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 ho	ours
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 Require	<u>'</u>
() Contraindications exist for pharmacologic pr	ophylaxis "And" Linked Panel
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression	Routine, Continuous
device continuous	
() Contraindications exist for pharmacologic pr	ophylaxis "And" Linked Panel
AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
, , ,	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
ριομιγιαλίο	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Re	
(Selection Required)	opolico)

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() = 0.011=00.1	0.00.000
() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	
enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1
	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 i	mL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1
	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() 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) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
MODERATE Risk of DVT - Non-Surgical (Selection	on
Required)	

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once

[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selectio	n
Required)	davia HAndH Linkad Daval
 () Contraindications exist for pharmacologic prophy Order Sequential compression device 	/laxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic prophy AND mechanical prophylaxis	
[] 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 Responsation (Selection Required)	· ·
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUA doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	L to 30mL/min, enoxaparin orders will apply the following recommended
100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapari	in 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (LC	OVENOV)
() For CrCl LESS than 30mL/min - enoxaparin (LC subcutaneous Daily at 1700	SVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 mL enoxaparin (LOVENOX) subcutaneous	· ·
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
	5,000 Units, subcutaneous, every 8 hours
· · · · · · · · · · · · · · · · · · ·	5,000 Units, subcutaneous, every 12 hours
	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight
weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.
weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight
weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. oral, daily at 1700
weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication:
weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Select Required) () Contraindications exist for mechanical	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication:

) HIGH Risk of DVT - Surgical (Selection Required)	
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Responsible (Selection Required)	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQL doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxap	
Ç ,	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n	• •
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() 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:
) HIGH Risk of DVT - Non-Surgical (Selection Requ	ired)
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)	ponse)

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30	· · ·
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous
[] and aparit (20 12 12 14 1) injustice.	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
()	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (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:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectic Required)	n
Address both pharmacologic and mechanical pro	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
] High Risk Pharmacological Prophylaxis - Hip o	
(Arthroplasty) Surgical Patient (Single Respons	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 F	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
·	Indications: VTE prophylaxis
[1 D]	OTAT 1 (1) 11 (1) 10 (1) O

STAT, Until discontinued, Starting S

Indications: VTE prophylaxis

[] Pharmacy consult to monitor apixaban

() enoxaparin (LOVENOX) injection (Single Response)

(ELIQUIS) therapy

(Selection Required)

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 ml enoxaparin (LOVENOX) subcutaneous	L/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() 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 medicati 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 LES 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:
T Risk and Prophylaxis Tool (Single Response) /TE/DVT Risk Definitions	URL: "¥¥appt1¥epicappprod¥Restricted¥OrderSets¥VTEDVTRI SKDEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
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 (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:

() 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 activ	e order for
therapeutic anticoagulant or VTE prophylaxis 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	
() 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
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 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
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 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	red)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge early ambulation
MODERATE Risk of DVT - Surgical (Selection R	· · · · · · · · · · · · · · · · · · ·

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	urgical
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	hylaxis "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 Resp	
(Selection Required)	<u>'</u>
Patient renal status: @CRCL@	
doses by weight: Weight Dose	AL to 30mL/min, enoxaparin orders will apply the following recommended
LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	
GREATER THAN or EQUAL to 140kg enoxapa	
energenerape	ann long craft, 12 hours
() For 0-011 F00 they 20-11/1-in a recomming (LOVENOV
() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m	L/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() 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):

5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

() heparin (porcine) injection

() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() 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	STAT, Until discontinued, Starting S
(COUMADIN)	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):
() Place/Maintain sequential compression device continuous	Routine, 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)

Major surgery within 3 months of admission

] Moderate risk of VTE	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) 	on
() Contraindications exist for pharmacologic proph Order Sequential compression device	nylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic proph AND mechanical prophylaxis	nylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

(Selection Required)

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): () For CrCl GREATER than or EQUAL TO 30 mL/min enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous, Starting S+1 Indication(s): () 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM heparin (porcine) injection () heparin (porcine) injection (Recommended

for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg

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. 7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.

Indication: () Pharmacy consult to manage warfarin STAT, Until discontinued, Starting S Indication: [] Mechanical Prophylaxis (Single Response) (Selection

Routine, Once

prophylaxis () Place/Maintain sequential compression device continuous

() Contraindications exist for mechanical

No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous

oral, daily at 1700, Starting S+1

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

High Risk Definition

(COUMADIN)

Required)

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

() warfarin (COUMADIN) tablet

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required) [] High risk of VTE Routine, Once

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

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

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

() Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)

[] High risk of VTE Printed on 8/8/2023 at 4:23 PM from Production Routine, Once

(Selection Required)	Doubling Once
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection R	
[] 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)	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQL doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() 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 (Selectio Required)	
	10 mg, oral, daily at 0600 (TIME CRITICAL)
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	Indications: VTE prophylaxis
knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	Indications: VTE prophylaxis STAT, Until discontinued, Starting S
knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1
knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin	Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication:

() Place/Maintain sequential compression device continuous	Routine, Continuous
abs	
abs	
Blood gas, arterial	STAT For 1 Occurrences
Type and screen	Once
[] Basic metabolic panel	Once
CBC hemogram	Once
[] CBC with platelet and differential	Once
[] Partial thromboplastin time	Once
7 Prothrombin time with INR	Once
Platelet function analysis	Once
Platelet function P2Y12	Once
Hemoglobin A1c	Once
	"And" Linked Panel
enteral/parenteral feeding (Selection Required)	
[] Bedside glucose	Routine, Every 4 hours If NPO or receiving continuous enteral or parenteral feeding.
Notify Physician of bedside blood glucose	Routine, Until discontinued, Starting S
GREATER than 300 mg/dL or LESS than 70 mg/dL	Routine, Ontil discontinued, Starting S
[] Bedside Glucose and Notify - On admission (Sel	ection "And" Linked Panel
Required)	
[X] Bedside glucose	Routine, Once For 1 Occurrences On admission
[X] Notify Physician of bedside blood glucose	Routine, Until discontinued, Starting S, Finger stick blood glucose
GREATER than 300 mg/dL or LESS than 70 mg/dL	GREATER than 300 mg/dL or LESS than 70 mg/dL
Bedside Glucose and Notify - Before Meals and Bedtime (Selection Required)	at "And" Linked Panel
[] Bedside glucose	Routine, 4 times daily before meals and at bedtime When patient is eating.
[] Notify Physician of bedside blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL	Routine, Until discontinued, Starting S, Finger stick blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL
Phenytoin level, free	Once
Phenytoin level	Once
Testosterone, total, immunoassay (for adult male	es) Once
Growth hormone	Once
Prolactin	Once
Follicle stimulating hormone	Once
Luteinizing hormone	Once
Cortisol level, AM	AM draw For 1 Occurrences
Cortisol level, random	Once
Estradiol	Once
TSH	Once
Urine drugs of abuse screen	Once
Urinalysis screen and microscopy, with reflex to	
,,	Specimen Source: Urine Specimen Site:
icrobiology	
Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, very each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

should NEVER be used.

C e s	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with ach set drawn from a different peripheral site. If unable to draw both ets from a peripheral site, please call the lab for assistance; an IV line hould NEVER be used.
[] Sputum culture	Once, Sputum
Cardiology	
Cardiology	
[] ECG 12 lead	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician:
[] Echocardiogram complete w contrast and 3D if need	
[] PV duplex venous lower extremity bilat	Routine, 1 time imaging, Starting S at 1:00 AM
[] PV duplex venous lower extremity left	Routine, 1 time imaging, Starting S at 1:00 AM
[] PV duplex venous lower extremity right	Routine, 1 time imaging, Starting S at 1:00 AM
Cardiology	
[] ECG 12 lead	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician:
[] Echocardiogram complete w contrast and 3D if need	
Local and the second se	
Imaging	
Diagnostic MRI/MRA	
[] MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRI 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
[] MRI Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRI Thoracic Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRI Lumbar Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
СТ	
[] CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Head Wo Contrast in AM	Routine, 1 time imaging, Starting S+1 at 4:00 AM For 1
[] CT Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Thoracic Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Lumbar Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CTA Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CTA Neck W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Diagnostic 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
[] VP Shunt Series (Selection Required)	"And" Linked Panel
[] XR Shunt Series Chest and Abdomen 2 R	toutine, 1 time imaging, Starting S at 1:00 AM For 1
	Coutine, 1 time imaging, Starting S at 1:00 AM For 1

Other Studies

Other Diagnostic Studies

	D ::
[] Angiogram Cerebral Bilateral	Routine What is the expected date for Procedure?
	Is the patient pregnant?
	What is the patient's sedation requirements?
	Physician contact number:
	Release to patient (Note: If manual release option is selected,
	result will auto release 10 days from finalization.): 4 vessel angiogram
[] PV Transcranial Doppler intracranial arteries complete	Routine, 1 time imaging, Starting S at 1:00 AM For 6
	Occurrences
	Perform Monday, Wednesday, Friday or three alternating days of a week for two consecutive weeks.
[] Continuous EEG monitoring	Routine, Daily imaging For 7 Days, For 7 Days
[] Continuous EEC monitoring	Clinical Indication:
	Testing Location: At Bedside (Patients Room)
	Testing Duration: Until D/C Ordered
	Record Video? Yes
Other Diagnostic Studies	
[] Angiogram Cerebral Bilateral	Routine
	What is the expected date for Procedure?
	Is the patient pregnant?
	What is the patient's sedation requirements? Physician contact number:
	Release to patient (Note: If manual release option is selected,
	result will auto release 10 days from finalization.):
	4 vessel angiogram
[] Continuous EEG monitoring	Routine, Daily imaging For 7 Days, For 7 Days
	Clinical Indication:
	Testing Location: At Bedside (Patients Room)
	Testing Duration, Until D/C Ordered
	Testing Duration: Until D/C Ordered Record Video? Yes
	Testing Duration: Until D/C Ordered Record Video? Yes
Respiratory	9
Respiratory Respiratory	
	Record Video? Yes Routine, Every hour
Respiratory [] Incentive spirometry	Record Video? Yes Routine, Every hour While awake
Respiratory	Record Video? Yes Routine, Every hour While awake Routine, Continuous
Respiratory [] Incentive spirometry	Record Video? Yes Routine, Every hour While awake
Respiratory [] Incentive spirometry	Record Video? Yes Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify)
Respiratory [] Incentive spirometry	Record Video? Yes Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94
Respiratory [] Incentive spirometry	Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2:
Respiratory [] Incentive spirometry	Record Video? Yes Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3:
Respiratory [] Incentive spirometry	Record Video? Yes Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94%
Respiratory [] Incentive spirometry [] Oxygen therapy - Nasal cannula	Record Video? Yes Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94% Indications for O2 therapy:
Respiratory [] Incentive spirometry	Record Video? Yes Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94%
Respiratory [] Incentive spirometry [] Oxygen therapy - Nasal cannula	Record Video? Yes Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94% Indications for O2 therapy: Routine, Continuous
Respiratory [] Incentive spirometry [] Oxygen therapy - Nasal cannula	Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94% Indications for O2 therapy: Routine, Continuous Device: Simple Face Mask Rate in liters per minute: 6 Lpm Rate in tenths of a liter per minute:
Respiratory [] Incentive spirometry [] Oxygen therapy - Nasal cannula	Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94% Indications for O2 therapy: Routine, Continuous Device: Simple Face Mask Rate in liters per minute: 6 Lpm Rate in tenths of a liter per minute: O2 %:
Respiratory [] Incentive spirometry [] Oxygen therapy - Nasal cannula	Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94% Indications for O2 therapy: Routine, Continuous Device: Simple Face Mask Rate in liters per minute: 6 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 95%
Respiratory [] Incentive spirometry [] Oxygen therapy - Nasal cannula	Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94% Indications for O2 therapy: Routine, Continuous Device: Simple Face Mask Rate in liters per minute: 6 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 95% Indications for O2 therapy:
Respiratory [] Incentive spirometry [] Oxygen therapy - Nasal cannula	Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94% Indications for O2 therapy: Routine, Continuous Device: Simple Face Mask Rate in liters per minute: 6 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 95% Indications for O2 therapy: Device 2:
Respiratory [] Incentive spirometry [] Oxygen therapy - Nasal cannula	Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94% Indications for O2 therapy: Routine, Continuous Device: Simple Face Mask Rate in liters per minute: 6 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 95% Indications for O2 therapy:
Respiratory [] Incentive spirometry [] Oxygen therapy - Nasal cannula [] Oxygen therapy - Simple face mask	Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94% Indications for O2 therapy: Routine, Continuous Device: Simple Face Mask Rate in liters per minute: 6 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 95% Indications for O2 therapy: Device 2: Device 3:
Respiratory [] Incentive spirometry [] Oxygen therapy - Nasal cannula [] Oxygen therapy - Simple face mask	Routine, Every hour While awake Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) Specify titration to keep O2 Sat (%) Above: 94 Device 2: Device 3: Titrate to keep O2 Sat Above: 94% Indications for O2 therapy: Routine, Continuous Device: Simple Face Mask Rate in liters per minute: 6 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 95% Indications for O2 therapy: Device 2: Device 3: Routine

Ancillary Consults

Consult to Case Management	Consult Reason:
Consult to Social Work	Reason for Consult:
[X] Consult PT Eval and Treat	Reasons for referral to Physical Therapy (mark all applicable): Post Neuromuscular or Musculoskeletal Surgery Care. Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult PT wound care	Special Instructions: Location of Wound?
[X] Consult OT Eval and Teat	Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Speech Language Pathology	Routine, Once Reason for consult:
[] Consult to Wound Ostomy Care Nurse	Reason for consult: Reason for consult:
	Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult:
[] Consult to Respiratory Therapy	Reason for Consult?
[] Music Therapy/Art therapy consult - eval & treat	Routine
Ancillary Consults	Request Date: Therapy Requested: Please Indicate REASONFOR REFERRAL (check all that apply):
[] Consult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:
[X] Consult PT Eval and Treat	Reasons for referral to Physical Therapy (mark all applicable): Post Neuromuscular or Musculoskeletal Surgery Care. Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult PT wound care	Special Instructions: Location of Wound?
[X] Consult OT Eval and Teat	Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?

[] Consult to Speech Language Pathology	Routine, Once
	Reason for consult:
[] Consult to Wound Ostomy Care Nurse	Reason for consult:
	Consult for NPWT:
	Reason for consult:
	Reason for consult:
Consult to Respiratory Therapy	Reason for Consult?
Physician Consults	
[] Consult Intensive Care	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Physical Medicine Rehab	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Internal Medicine	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?