

General

Common Present on Admission Diagnosis

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

Admission or Observation (Single Response) (Selection Required)

<input type="radio"/> Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
<input type="radio"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
<input type="radio"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:

Admission or Observation (Single Response)

Patient has active status order on file

- | | |
|--|--|
| <input type="checkbox"/> Admit to Inpatient | Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. |
| <input type="checkbox"/> Outpatient observation services under general supervision | Admitting Physician:
Patient Condition:
Bed request comments: |
| <input type="checkbox"/> Outpatient in a bed - extended recovery | Admitting Physician:
Bed request comments: |

Admission (Single Response)

Patient has active status order on file.

- | | |
|---|--|
| <input type="checkbox"/> Admit to inpatient | Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. |
|---|--|

Code Status

@CERMSG(674511:):@

Code Status (Single Response)

DNR and Modified Code orders should be placed by the responsible physician.

- | | |
|---|---|
| <input type="checkbox"/> Full code | Code Status decision reached by: |
| <input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required) | |
| <input type="checkbox"/> 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? |
| <input type="checkbox"/> Consult to Palliative Care Service | |
| <input type="checkbox"/> Consult to Palliative Care Service | Priority:
Reason for Consult?
Order?
Name of referring provider:
Enter call back number: |
| <input type="checkbox"/> Consult to Social Work | Reason for Consult: |
| <input type="checkbox"/> Modified Code | 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: |
| <input type="checkbox"/> Treatment Restrictions ((For use when a patient is NOT 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

- | | |
|---|---------|
| <input type="checkbox"/> Airborne isolation status | |
| <input type="checkbox"/> Airborne isolation status | Details |
| <input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. | Once |

<input type="checkbox"/>	Contact isolation status	Details
<input type="checkbox"/>	Droplet isolation status	Details
<input type="checkbox"/>	Enteric isolation status	Details

Precautions

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

Nursing

Vital Signs

<input checked="" type="checkbox"/>	Vital signs - T/P/R/BP	Routine, Every hour Aligned with neurological assessments.
<input checked="" type="checkbox"/>	Pulse oximetry check	Routine, Continuous Current FIO2 or Room Air:

Vital Signs

<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	Pulse oximetry check	Routine, Continuous Current FIO2 or Room Air:

Activity

<input type="checkbox"/>	Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/>	Turn patient	Routine, Every 2 hours
<input type="checkbox"/>	Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance
<input type="checkbox"/>	Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
<input type="checkbox"/>	Elevate Head of bed 30 degrees or greater (semi-recumbent)	Routine, Until discontinued, Starting S Head of bed: 30 degrees or greater (semi-recumbent)
<input type="checkbox"/>	Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat

Nursing

<input checked="" type="checkbox"/>	Neurological assessment	Routine, Every hour Assessment to Perform: Level of Consciousness, Motor exam, Pupils
<input type="checkbox"/>	ICP Monitoring and Notify	
<input type="checkbox"/>	ICP monitoring	Routine, Every hour Record: Intracranial pressure, Cerebral perfusion pressure, Cerebrospinal spinal fluid drainage Monitor and record output
<input type="checkbox"/>	Notify Physician if Intracranial Pressure greater than 20 cm H2O for 5 minutes	Routine, Until discontinued, Starting S
<input type="checkbox"/>	Hemodynamic Monitoring	Routine, Continuous Measure: MAP, CVP, SVR, SVV, Cardiac Index
<input type="checkbox"/>	Ventriculostomy Drain Care (Single Response)	
<input type="checkbox"/>	Ventriculostomy drain care - Open level at 5 cm H2O above EAC	Routine, Every hour Device: Open Level at (cm H2O): 5 above EAC
<input type="checkbox"/>	Ventriculostomy drain care - Open level at 20 cm H2O above EAC	Routine, Every hour Device: Open Level at (cm H2O): 20 above EAC

<input type="checkbox"/> Ventriculostomy drain care - Clamped level at 20 cm H2O above EAC	Routine, Every hour Device: Clamped Level at (cm H2O): 20 above EAC
<input type="checkbox"/> Drain care	Routine, Until discontinued, Starting S Type of drain: Specify location: Drain Number: Drainage/Suction:
<input type="checkbox"/> Lumbar drain care	Routine, Until discontinued, Starting S Lumbar drain mgmt:
<input checked="" type="checkbox"/> Height and weight	Routine, Once For 1 Occurrences On admission
<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type:
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders:
<input type="checkbox"/> Oral care	Routine, Every shift
<input type="checkbox"/> Nurse to advance mattress at first sign of Stage I or II decubitus ulcer per protocol	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Strict intake and output	Routine, Every hour
<input checked="" type="checkbox"/> Dysphagia screen	Routine, Once
<input type="checkbox"/> Straight cath	Routine, Every 6 hours If unable to void after second straight cath, insert Foley and call physician.
<input type="checkbox"/> Insert/Maintain Foley and Notify	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: Indication: If unable to void after second attempt at straight cath, insert Foley and call physician
<input type="checkbox"/> Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain to gravity/bedside drain
<input type="checkbox"/> Notify Physician if unable to void after second attempt at straight cath and Foley inserted	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S Reason for "No" order: high risk of bleeding
<input type="checkbox"/> No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
Nursing	
<input checked="" type="checkbox"/> Neurological assessment	Routine, Every 15 min Assessment to Perform: Level of Consciousness, Motor exam, Pupils
<input type="checkbox"/> ICP Monitoring and Notify	
<input type="checkbox"/> ICP monitoring	Routine, Every hour Record: Intracranial pressure, Cerebral perfusion pressure, Cerebrospinal spinal fluid drainage Monitor and record output
<input type="checkbox"/> Notify Physician if Intracranial Pressure greater than 20 cm H2O for 5 minutes	Routine, Until discontinued, Starting S
<input type="checkbox"/> Hemodynamic Monitoring	Routine, Continuous Measure: MAP, CVP, SVR, SVV, Cardiac Index
<input type="checkbox"/> Ventriculostomy Drain Care (Single Response)	
<input type="checkbox"/> Ventriculostomy drain care - Open level at 5 cm H2O above EAC	Routine, Every hour Device: Open Level at (cm H2O): 5 above EAC

<input type="checkbox"/> Ventriculostomy drain care - Open level at 20 cm H2O above EAC	Routine, Every hour Device: Open Level at (cm H2O): 20 above EAC
<input type="checkbox"/> Ventriculostomy drain care - Clamped level at 20 cm H2O above EAC	Routine, Every hour Device: Clamped Level at (cm H2O): 20 above EAC
<input type="checkbox"/> Drain care	Routine, Until discontinued, Starting S Type of drain: Specify location: Drain Number: Drainage/Suction:
<input type="checkbox"/> Lumbar drain care	Routine, Until discontinued, Starting S Lumbar drain mgmt:
<input checked="" type="checkbox"/> Height and weight	Routine, Once For 1 Occurrences On admission
<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Nasogastric tube insertion	Routine, Once Type:
<input type="checkbox"/> Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders:
<input type="checkbox"/> Oral care	Routine, Every shift
<input type="checkbox"/> Nurse to advance mattress at first sign of Stage I or II decubitus ulcer per protocol	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Strict intake and output	Routine, Every hour
<input checked="" type="checkbox"/> Dysphagia screen	Routine, Once
<input type="checkbox"/> Straight cath	Routine, Every 6 hours If unable to void after second straight cath, insert Foley and call physician.
<input type="checkbox"/> Insert/Maintain Foley and Notify	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: Indication: If unable to void after second attempt at straight cath, insert Foley and call physician
<input type="checkbox"/> Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain to gravity/bedside drain
<input type="checkbox"/> Notify Physician if unable to void after second attempt at straight cath and Foley inserted	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S Reason for "No" order: high risk of bleeding
<input type="checkbox"/> No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
Notify	
<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100 Temperature less than: Systolic BP greater than: Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: 50 MAP less than: Heart rate greater than (BPM): 100 Heart rate less than (BPM): 50 Respiratory rate greater than: 25 Respiratory rate less than: 8 SpO2 less than: 92
<input checked="" type="checkbox"/> Notify Physician if acute change in neurological status	Routine, Until discontinued, Starting S

<input type="checkbox"/> Notify Physician of intrathecal medication to be delivered	Routine, Until discontinued, Starting S
<input type="checkbox"/> Notify Physician for changes in vasopressor orders	Routine, Until discontinued, Starting S, Including any additional vasopressor orders.
<input type="checkbox"/> 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.
<input type="checkbox"/> Notify Physician of any anti-epileptic medication levels	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Notify Physician of No Bowel Movement for more than 72 hours	Routine, Until discontinued, Starting S

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input type="checkbox"/> NPO except meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options:
<input type="checkbox"/> NPO after midnight except meds	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds Pre-Operative fasting options:
<input type="checkbox"/> Diet - Clear liquids	Diet effective now, Starting S 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.
<input type="checkbox"/> Diet - Heart healthy	Diet effective now, Starting S 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.
<input type="checkbox"/> Diet - 2000 Kcal/225 gm Carb	Diet effective now, Starting S 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.
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid: If patient passes Dysphagia screen.

<input type="checkbox"/> Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed?
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Consent

<input type="checkbox"/> Complete consent form	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?
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IV Fluids

IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous
<input type="checkbox"/> lactated Ringer's infusion	intravenous, continuous
<input type="checkbox"/> sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients	intravenous, continuous
<input type="checkbox"/> sodium chloride (HYPER TONIC) 3 % infusion	intravenous, continuous 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?

Medications

Medications - Misc.

<input type="checkbox"/> chlorhexidine (PERIDEX) 0.12 % solution	15 mL, Mouth/Throat, every 4 hours while awake
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Propose NEW Seizure Management (Single Response)

<input type="checkbox"/> levETIRAcetam (KEPPRA) IVPB followed by levETIRAcetam (KEPPRA) oral tablet	"Followed by" Linked Panel
<input type="checkbox"/> levETIRAcetam (KEPPRA) IV Loading Dose	1,000 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:
<input type="checkbox"/> levETIRAcetam (KEPPRA) tablet Maintenance Dose	500 mg, oral, every 12 hours, Starting H+12 Hours
<input type="checkbox"/> levETIRAcetam (KEPPRA) 1000 mg IVPB followed by levETIRAcetam (KEPPRA) 500 mg IVPB	"Followed by" Linked Panel
<input type="checkbox"/> levETIRAcetam (KEPPRA) IV Loading Dose	1,000 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:
<input type="checkbox"/> 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:
<input type="checkbox"/> levETIRAcetam (KEPPRA) 500 mg IVPB followed by levETIRAcetam (KEPPRA) 500 mg IVPB	"Followed by" Linked Panel

<input type="checkbox"/>	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:
<input type="checkbox"/>	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 phenytoin (DILANTIN) ER oral capsule

<input type="checkbox"/>	fosphenytoin (CEREBYX) IVPB Loading Dose followed by phenytoin (DILANTIN) ER oral capsule	"Followed by" Linked Panel
<input type="checkbox"/>	fosphenytoin (CEREBYX) IVPB loading dose	intravenous, Administer over: 30 Minutes, once, For 1 Doses
<input type="checkbox"/>	phenytoin (DILANTIN) ER capsule	100 mg, oral, every 8 hours, Starting H+8 Hours
<input type="checkbox"/>	Phenytoin level	AM draw repeats
<input type="checkbox"/>	Free phenytoin level	AM draw repeats

() fosphenytoin (CEREBYX) IV followed by fosphenytoin (CEREBYX) IV (Single Response)

Select Load/Maintenance by Routes of Administration:

- IVPB / IV Push
- IVPB / IVPB

Note: The IV Push Maintenance selection has the option to change route to intramuscular

() IVPB Loading Dose Followed by IV Push Maintenance Dose (Single Response)

() Loading Dose Once Followed by Every 8 Hour Maintenance

<input type="checkbox"/>	Loading Dose Once Followed by Every 8 Hour Maintenance	"Followed by" Linked Panel
<input type="checkbox"/>	fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, Administer over: 30 Minutes, once, For 1 Doses
<input type="checkbox"/>	fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 8 hours, Starting H+8 Hours
<input type="checkbox"/>	Phenytoin level	AM draw repeats
<input type="checkbox"/>	Free phenytoin level	AM draw repeats

() Loading Dose Once Followed by Every 12 Hour Maintenance

<input type="checkbox"/>	Loading Dose Once Followed by Every 12 Hour Maintenance	"Followed by" Linked Panel
<input type="checkbox"/>	fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, Administer over: 30 Minutes, once, For 1 Doses
<input type="checkbox"/>	fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 12 hours, Starting H+12 Hours
<input type="checkbox"/>	Phenytoin level	AM draw repeats
<input type="checkbox"/>	Free phenytoin level	AM draw repeats

() Loading Dose Once Followed by Every 24 Hour Maintenance

<input type="checkbox"/>	Loading Dose Once Followed by Every 24 hours Maintenance	"Followed by" Linked Panel
<input type="checkbox"/>	fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, Administer over: 30 Minutes, once, For 1 Doses
<input type="checkbox"/>	fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 24 hours, Starting H+24 Hours
<input type="checkbox"/>	Phenytoin level	AM draw repeats
<input type="checkbox"/>	Free phenytoin level	AM draw repeats

() fosphenytoin (CEREBYX) IVPB level, loading, and maintenance dose

<input type="checkbox"/>	Phenytoin level	AM draw repeats For 3 Occurrences
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<input type="checkbox"/>	Free phenytoin level	AM draw repeats For 3 Occurrences
<input type="checkbox"/>	fosphenytoin (CEREBRYX) IV loading and maintenance dose	"Followed by" Linked Panel
<input type="checkbox"/>	fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, Administer over: 30 Minutes, once, For 1 Doses
<input type="checkbox"/>	fosphenytoin (CEREBYX) IVPB Maintenance Dose	intravenous Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Vasospasm (Single Response)

<input type="checkbox"/>	niMODipine (NIMOTOP) capsule	30 mg, oral, Every 2 Hours (TIME CRITICAL)
<input type="checkbox"/>	niMODipine (NIMOTOP) capsule	60 mg, oral, Every 4 Hours (TIME CRITICAL)
<input type="checkbox"/>	niMODipine (NYMALIZE) oral solution	30 mg, oral, Every 2 Hours (TIME CRITICAL)
<input type="checkbox"/>	niMODipine (NYMALIZE) oral solution	60 mg, oral, Every 4 Hours (TIME CRITICAL)

Anti-infectives

<input type="checkbox"/>	cefazolin (ANCEF) IV	1 g, intravenous, every 8 hours Reason for Therapy:
<input type="checkbox"/>	cefepime (MAXIPIME) IV	intravenous Type of Therapy:
<input type="checkbox"/>	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:
<input type="checkbox"/>	piperacillin-tazobactam (ZOSYN) IV	intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
<input type="checkbox"/>	vancomycin (VANCOCIN) IV	intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
<input type="checkbox"/>	Pharmacy consult to manage vancomycin	Routine, Until discontinued, Starting S For Until specified Indication:

ICP Elevation Management

<input type="checkbox"/>	mannitol 20 % injection	1 g/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses Continually monitor ICP, and contact provider for ICP > 20 for 5 minutes or longer. Hold for serum sodium > 155, serum osmolality > 320.
<input type="checkbox"/>	Mannitol Q6H and Required Labs	
<input type="checkbox"/>	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.
<input type="checkbox"/>	Sodium level	Every 6 hours Continue while patient is taking mannitol.
<input type="checkbox"/>	Osmolality, serum	Every 6 hours Continue while patient is taking mannitol.

[] 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 (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%) for elevated intracranial pressure + Required Labs	"And" Linked Panel
[] Sodium chloride concentrated injection (23.4%) IV 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?
[] sodium chloride 0.9% flush	10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride
[] Sodium level	Every 6 hours For 4 Occurrences
[] sodium chloride 3% infusion + Required Labs	
[] sodium chloride (HYPERTONIC) 3 % infusion	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?
[] Sodium level	Every 6 hours Continue while patient is on a sodium chloride 3% infusion.
[] Osmolality, serum	Every 6 hours Continue while patient is on a sodium chloride 3% infusion.

<input type="checkbox"/> 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 (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
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Medications - Bowel Management

<input checked="" type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, 2 times daily
<input checked="" type="checkbox"/> Stool Softener Options (Single Response)	
<input checked="" type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly

IV Infusions - Vasopressors (Single Response)

<input type="checkbox"/> phenylephrine (NEO-SYNEPHRINE) infusion	5-300 mcg/min, intravenous, titrated
<input type="checkbox"/> DOPamine IV infusion	2-10 mcg/kg/min, intravenous, titrated
<input type="checkbox"/> norEPInephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, titrated
<input type="checkbox"/> 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)

<input type="checkbox"/> niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated
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Antihypertensives - PRN (Single Response)

<input checked="" type="checkbox"/> hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours PRN, high blood pressure BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> labetalol (TRANDATE) injection	10 mg, intravenous, every 15 min PRN, high blood pressure, 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 mercury 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
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PRN Medications - Bowel Management (Single Response)

() 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 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
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PRN Medications - Fever Management

[X] Acetaminophen oral/oral liquid/rectal - fever control	"Or" Linked Panel Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[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	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). Use if 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 LESS than 65 years old

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] ondansetron (ZOFRAN) 8 mg, dexamethasone (DECADRON) 8 mg in sodium chloride 0.9 % 50 mL IVPB (Use caution when using in pituitary patients)	8 mg, intravenous, Administer over: 10 Minutes, once PRN, nausea

scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old 1 patch, transdermal, Administer over: 72 Hours, every 72 hours

PRN Medications - Antiemetics: For Patients GREATER than or EQUAL to 65 years old

ondansetron (ZOFTRAN) IV or Oral (Selection Required) **"Or" Linked Panel**

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea, vomiting
Give if patient is able to tolerate oral medication.

ondansetron (ZOFTRAN) 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 (ZOFTRAN) 8 mg, dexamethasone (DECADRON) 8 mg in sodium chloride 0.9 % 50 mL IVPB (Use caution when using in pituitary patients) 8 mg, intravenous, Administer over: 10 Minutes, once PRN, nausea

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

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) (Selection Required)

VTE/DVT Risk Definitions

URL:
"~~appt1~~epicapprod%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 Stratification (Single Response) (Selection Required)

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

Moderate risk of VTE Routine, Once

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Routine, Once
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

Place sequential compression device (Single Response)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

Moderate risk of VTE Routine, Once

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)

[] Moderate risk of VTE Routine, Once

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

() Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device "And" Linked Panel

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

[] Place/Maintain sequential compression device continuous Routine, Continuous

() Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis "And" Linked Panel

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

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

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

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 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

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

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
Indication(s):

For CrCl GREATER than or EQUAL TO 30 mL/min -

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) (Selection Required)

Contraindications exist for mechanical prophylaxis

Routine, Once

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

Place/Maintain sequential compression device continuous

Routine, Continuous

HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE

Routine, Once

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

Contraindications exist for pharmacologic prophylaxis

Routine, Once

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

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

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):

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) (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)

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE

Routine, Once

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

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

() aspirin chewable tablet 162 mg, oral, daily, Starting S+1

() aspirin (ECOTRIN) enteric coated tablet 162 mg, oral, daily, Starting S+1

() Apixaban and Pharmacy Consult (Selection Required)

[] apixaban (ELIQUIS) tablet 2.5 mg, oral, 2 times daily, Starting S+1
Indications: VTE prophylaxis

[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy STAT, Until discontinued, Starting S
Indications: VTE prophylaxis

() 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):

() 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:

[] Mechanical Prophylaxis (Single Response) (Selection Required)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

VTE/DVT Risk Definitions

URL:

"~~appt1~~epicapprod~~Restricted~~OrderSets~~VTE~~DVTRI SKDEFINITIONS.pdf"

URL:

"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

[Anticoagulation Guide for COVID patients](#)

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

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

Moderate risk of VTE Routine, Once

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Routine, Once
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

Place sequential compression device (Single Response)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

Moderate risk of VTE Routine, Once

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Routine, Once
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

Place sequential compression device (Single Response)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

High risk of VTE Routine, Once

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Routine, Once
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

Place sequential compression device (Single Response)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

High risk of VTE Routine, Once

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

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 of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

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

warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1
Indication:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

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

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

Place/Maintain sequential compression device continuous
Routine, Continuous

Contraindications exist for pharmacologic prophylaxis **"And" Linked Panel**
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 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
Indication(s):

For CrCl GREATER than or EQUAL TO 30 mL/min - 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
Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.

warfarin (COUMADIN) tablet
oral, daily at 1700
Indication:

Pharmacy consult to manage warfarin (COUMADIN)
STAT, Until discontinued, Starting S
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

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

Place/Maintain sequential compression device continuous
Routine, Continuous

HIGH Risk of DVT - Surgical (Selection Required)

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

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

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):

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:

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

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

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

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
Indication(s):

() For CrCl GREATER than or EQUAL TO 30 mL/min -

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:

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

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

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

() aspirin chewable tablet 162 mg, oral, daily, Starting S+1

() aspirin (ECOTRIN) enteric coated tablet 162 mg, oral, daily, Starting S+1

() Apixaban and Pharmacy Consult (Selection Required)

apixaban (ELIQUIS) tablet 2.5 mg, oral, 2 times daily, Starting S+1
Indications: VTE prophylaxis

Pharmacy consult to monitor apixaban (ELIQUIS) therapy STAT, Until discontinued, Starting S
Indications: VTE prophylaxis

() 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	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> 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)	
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
<input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	
	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	
	STAT, Until discontinued, Starting S Indication:

DVT Risk and Prophylaxis Tool (Single Response)

VTE/DVT Risk Definitions

URL:

"~~¥¥~~appt1¥epicapprod¥Restricted¥OrderSets¥VTEDVTRI
SKDEFINITIONS.pdf"

URL:

"https://formweb.com/files/houstonmethodist/documents/C
OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

[Anticoagulation Guide for COVID patients](#)

() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
<input type="checkbox"/> Moderate risk of VTE	Routine, Once
<input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
<input type="checkbox"/> Place sequential compression device (Single Response)	

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)

[] Moderate risk of VTE Routine, Once

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

() Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device "And" Linked Panel

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

[] Place/Maintain sequential compression device continuous Routine, Continuous

() Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis "And" Linked Panel

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

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

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

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 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

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

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
Indication(s):

For CrCl GREATER than or EQUAL TO 30 mL/min -
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) (Selection Required)

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

Place/Maintain sequential compression device continuous Routine, Continuous

HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

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):

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) (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)

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

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE

Routine, Once

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

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

() aspirin chewable tablet 162 mg, oral, daily, Starting S+1

() aspirin (ECOTRIN) enteric coated tablet 162 mg, oral, daily, Starting S+1

() Apixaban and Pharmacy Consult (Selection Required)

[] apixaban (ELIQUIS) tablet 2.5 mg, oral, 2 times daily, Starting S+1
Indications: VTE prophylaxis

[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy STAT, Until discontinued, Starting S
Indications: VTE prophylaxis

() 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):

() 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:

[] Mechanical Prophylaxis (Single Response) (Selection Required)

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

() Place/Maintain sequential compression device continuous Routine, Continuous

Labs

Labs

<input type="checkbox"/>	Blood gas, arterial	STAT For 1 Occurrences
<input type="checkbox"/>	Type and screen	Once
<input checked="" type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	CBC hemogram	Once
<input checked="" type="checkbox"/>	CBC with platelet and differential	Once
<input checked="" type="checkbox"/>	Partial thromboplastin time	Once
<input checked="" type="checkbox"/>	Prothrombin time with INR	Once
<input type="checkbox"/>	Platelet function analysis	Once
<input type="checkbox"/>	Platelet function P2Y12	Once
<input type="checkbox"/>	Hemoglobin A1c	Once
<input type="checkbox"/>	Bedside Glucose and Notify - if NPO or enteral/parenteral feeding (Selection Required)	"And" Linked Panel
<input type="checkbox"/>	Bedside glucose	Routine, Every 4 hours If NPO or receiving continuous enteral or parenteral feeding.
<input type="checkbox"/>	Notify Physician of bedside blood glucose GREATER than 300 mg/dL or LESS than 70 mg/dL	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/>	Bedside Glucose and Notify - On admission (Selection Required)	"And" Linked Panel
<input checked="" type="checkbox"/>	Bedside glucose	Routine, Once For 1 Occurrences On admission
<input checked="" type="checkbox"/>	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
<input type="checkbox"/>	Bedside Glucose and Notify - Before Meals and at Bedtime (Selection Required)	"And" Linked Panel
<input type="checkbox"/>	Bedside glucose	Routine, 4 times daily before meals and at bedtime When patient is eating.
<input type="checkbox"/>	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
<input type="checkbox"/>	Phenytoin level, free	Once
<input type="checkbox"/>	Phenytoin level	Once
<input type="checkbox"/>	Testosterone, total, immunoassay (for adult males)	Once
<input type="checkbox"/>	Growth hormone	Once
<input type="checkbox"/>	Prolactin	Once
<input type="checkbox"/>	Follicle stimulating hormone	Once
<input type="checkbox"/>	Luteinizing hormone	Once
<input type="checkbox"/>	Cortisol level, AM	AM draw For 1 Occurrences
<input type="checkbox"/>	Cortisol level, random	Once
<input type="checkbox"/>	Estradiol	Once
<input type="checkbox"/>	TSH	Once
<input type="checkbox"/>	Urine drugs of abuse screen	Once
<input checked="" type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:

Microbiology

<input type="checkbox"/>	Blood culture x 2	"And" Linked Panel
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/> Sputum culture	Once, Sputum

Cardiology

Cardiology

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician:
<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, Starting S at 1:00 AM
<input type="checkbox"/> PV duplex venous lower extremity bilat	Routine, 1 time imaging, Starting S at 1:00 AM
<input type="checkbox"/> PV duplex venous lower extremity left	Routine, 1 time imaging, Starting S at 1:00 AM
<input type="checkbox"/> PV duplex venous lower extremity right	Routine, 1 time imaging, Starting S at 1:00 AM

Cardiology

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician:
<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, Starting S at 1:00 AM

Imaging

Diagnostic MRI/MRA

<input type="checkbox"/> MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> MRI Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> MRA Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> MRA Neck Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> MRI Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> MRI Thoracic Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> MRI Lumbar Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

CT

<input type="checkbox"/> CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CT Head Wo Contrast in AM	Routine, 1 time imaging, Starting S+1 at 4:00 AM For 1
<input type="checkbox"/> CT Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CT Thoracic Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CT Lumbar Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CTA Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CTA Neck W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Diagnostic X-ray

<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> VP Shunt Series (Selection Required)	"And" Linked Panel
<input type="checkbox"/> XR Shunt Series Chest and Abdomen 2 Views	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> XR Shunt Series Head and Neck 2 Views	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Other Studies

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
[] 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 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 Record Video? Yes

Respiratory

Respiratory

[] Incentive spirometry	Routine, Every hour While awake
[] Oxygen therapy - Nasal cannula	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:
[] Oxygen therapy - Simple face mask	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:
[] Mechanical ventilation	Routine Mechanical Ventilation: Vent Management Strategies: Adult Respiratory Ventilator Protocol

Consults

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input checked="" type="checkbox"/> 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:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input checked="" type="checkbox"/> 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:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/> Consult to Wound Ostomy Care Nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?
<input type="checkbox"/> Music Therapy/Art therapy consult - eval & treat	Routine Request Date: Therapy Requested: Please Indicate REASONFOR REFERRAL (check all that apply):

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input checked="" type="checkbox"/> 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:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input checked="" type="checkbox"/> 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:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?

<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/> Consult to Wound Ostomy Care Nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?

Physician Consults

<input type="checkbox"/> Consult Intensive Care	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult Physical Medicine Rehab	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Consult Internal Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?