

## 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="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.
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<input type="checkbox"/> Admit to IP- University Teaching Service	Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
<input type="checkbox"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
<input type="checkbox"/> UTS - Outpatient observation services under general supervision	Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
<input type="checkbox"/> Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
<b>Admission or Observation (Single Response)</b> Patient has active status order on file	
<input type="checkbox"/> Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
<input type="checkbox"/> Admit to IP- University Teaching Service	Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
<input type="checkbox"/> Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:

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UTS - Outpatient observation services under general supervision

Admitting Physician:  
Resident Physician:  
Resident team assignment:  
Patient Condition:  
Bed request comments:  
To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

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Outpatient in a bed - extended recovery

Admitting Physician:  
Bed request comments:

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**Admission (Single Response)**

Patient has active status order on file.

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Admit to inpatient

Admitting Physician:  
Level of Care:  
Patient Condition:  
Bed request comments:  
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

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

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Admit to inpatient

Admitting Physician:  
Level of Care:  
Patient Condition:  
Bed request comments:  
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

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Outpatient observation services under general supervision

Admitting Physician:  
Patient Condition:  
Bed request comments:

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Outpatient in a bed - extended recovery

Admitting Physician:  
Bed request comments:

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**Admission or Observation (Single Response)**

Patient has status order on file

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Admit to inpatient

Admitting Physician:  
Level of Care:  
Patient Condition:  
Bed request comments:  
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

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Outpatient observation services under general supervision

Admitting Physician:  
Patient Condition:  
Bed request comments:

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Outpatient in a bed - extended recovery

Admitting Physician:  
Bed request comments:

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**Code Status**

@CERMSG(674511: )@

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

## Nursing

### Vital signs

<input type="checkbox"/> Vital signs - T/P/R/BP (per unit protocol)	Routine, Per unit protocol
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### Telemetry Order

<input type="checkbox"/> Telemetry	<b>"And" Linked Panel</b>
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous For 5 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Chest pain syndrome Can be off of Telemetry for tests and baths? Yes

<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
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**Activity**

<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Out of bed, sit in chair (with assistance)	Routine, 2 times daily, Starting S Specify: Activity as tolerated,Up with assistance
<input type="checkbox"/> Out of bed, in chair and ambulate	Routine, 2 times daily Specify: Activity as tolerated,Up with assistance,Out of bed,Up in chair Additional modifier:
<input type="checkbox"/> Out of bed, encourage independent ambulation	Routine, Until discontinued, Starting S Specify: Activity as tolerated,Out of bed
<input type="checkbox"/> Weight bearing restrictions	Routine, Until discontinued, Starting S Weight Bearing Status: Extremity:
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Up ad lib	Routine, Until discontinued, Starting S Specify: Up ad lib

**Nursing Care**

<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Intake and Output Qshift	Routine, Every shift
<input type="checkbox"/> Nasogastric Tube Insert and Maintain	
<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"/> Insert and Maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain

**Notify Physician**

<input type="checkbox"/> Notify Physician(vitals,output,pulse ox)	Routine, Until discontinued, Starting S Temperature greater than: 100.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: 50 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 25 Respiratory rate less than: 8 SpO2 less than: 92 Urine Output less than: Output (Specify) greater than: Other:
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**Notify Physician- UTS**

Notify Physician- Teaching Service

Routine, Until discontinued, Starting S, To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged.

The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary/Overview tab of Epic. If no response, page the Sr. Resident at 713-768-0403. If no response is obtained using second pager, page the attending assigned to the patient.

**Diet (Single Response)**

NPO

Diet effective now, Starting S  
NPO:  
Pre-Operative fasting options:  
An NPO order without explicit exceptions means nothing can be given orally to the patient.

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:

**Tube Feed**

Tube feeding - Continuous

Continuous  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Schedule: Continuous  
Tube Feeding Route:  
Initial Tube Feed rate (mL/hr):  
Advance Rate by (mL/hr):  
Goal Tube Feed Rate (mL/hr):  
Dietitian to manage Tube Feed?

Tube feeding - Bolus

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 Formula:  
Tube Feeding Formula:  
Tube Feeding Schedule: Bolus  
Bolus Route:  
Tube Feeding Bolus (mL):  
Additional Bolus Schedule Instructions:  
Dietitian to manage Tube Feed?

Tube feeding - Cyclic

Cyclic  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Formula:  
Tube Feeding Schedule: Cyclic  
Tube Feeding Route:  
Tube Feeding Cyclic (start / stop time):  
Tube Feeding Cyclic Rate (mL/hr):  
Dietitian to manage Tube Feed?

## IV Fluids

### Peripheral IV Access

Initiate and maintain IV

<input type="checkbox"/> Insert peripheral IV	Routine, Once
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

### IV Bolus (Single Response)

<input type="checkbox"/> electrolyte-A (PLASMA-LYTE A) bolus	500 mL, intravenous, once, For 1 Doses
<input type="checkbox"/> electrolyte-A (PLASMA-LYTE A) bolus	1,000 mL, intravenous, once, For 1 Doses
<input type="checkbox"/> albumin human 5 % bottle	12.5 g, intravenous, Administer over: 15 Minutes, once Indication:
<input type="checkbox"/> albumin human 5 % bottle	25 g, intravenous, Administer over: 30 Minutes, once Indication:
<input type="checkbox"/> sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, Administer over: 30 Minutes, once, For 1 Doses
<input type="checkbox"/> sodium bicarbonate 150 mEq in sterile water 1,000 mL infusion	1,000 mL, intravenous, Administer over: 30 Minutes, continuous
<input type="checkbox"/> lactated ringer's bolus 500 mL	500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses
<input type="checkbox"/> lactated ringers bolus 1000 mL	1,000 mL, intravenous, Administer over: 30 Minutes, once, For 1 Doses

### Maintenance IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> lactated Ringer's infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous

## Medications

For Analgesics, please refer to the General Pain Management order sets.  
For Antihypertensives, please refer to the Hypertensive Urgency order set.

### Antibiotics

<input type="checkbox"/> azithromycin (ZITHROMAX) IV	intravenous, Administer over: 60 Minutes Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy:
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<input type="checkbox"/>	azithromycin (ZITHROMAX) tablet	oral, daily Reason for Therapy:
<input type="checkbox"/>	cefepime (MAXIPIME) 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"/>	ceftriaxone (ROCEPHIN) IV	intravenous, Administer over: 30 Minutes Reason for Therapy:
<input type="checkbox"/>	ciprofloxacin (CIPRO) IV	intravenous, Administer over: 60 Minutes 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"/>	ciprofloxacin (CIPRO) tablet	500 mg, oral, 2 times daily at 0600, 1600 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"/>	levofloxacin (LEVAQUIN) IV	intravenous Reason for Therapy:
<input type="checkbox"/>	levofloxacin (LEVAQUIN) tablet	oral, daily at 0600 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"/>	meropenem (MERREM) 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"/>	metroNIDAZOLE (FLAGYL) IV	intravenous Reason for Therapy:
<input type="checkbox"/>	metroNIDAZOLE (FLAGYL) tablet	500 mg, oral, 3 times daily 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 + Pharmacy Consult to Dose (Selection Required)	
<input type="checkbox"/>	vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Reason for Therapy:
<input type="checkbox"/>	Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Duration of Therapy (Days):
<input type="checkbox"/>	vancomycin (FIRVANQ) 50 mg/mL oral solution	125 mg, oral, every 6 hours PRN, for Cdiff Reason for Therapy:

### Antipyretics (Single Response)

<input type="checkbox"/>	ibuprofen capsule	600 mg, oral, every 6 hours PRN, Fever GREATER than 100.5 F
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, Fever GREATER than 100.5 F

### Shortness of Breath

<input type="checkbox"/>	albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, Respiratory Therapy - every 4 hours Aerosol Delivery Device:
<input type="checkbox"/>	albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 4 hours PRN, shortness of breath Aerosol Delivery Device:
<input type="checkbox"/>	ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, Respiratory Therapy - every 4 hours Aerosol Delivery Device:
<input type="checkbox"/>	ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 4 hours PRN, shortness of breath Aerosol Delivery Device:

### PRN Blood Pressure Agents



[ ] hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours PRN, high blood pressure, SBP GREATER than 180 mmHg May be given IN ADDITION TO scheduled doses if needed. BP HOLD parameters for this order: Contact Physician if:
[ ] labetalol (TRANDATE) injection	10 mg, intravenous, every 5 min PRN, high blood pressure, systolic blood pressure between 160 mmHg and 180 mmHg Hold if heart rate less than 65 or patient having respiratory difficulties. Notify MD if patient requires 2 doses at any given time. BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Other Heart Rate Hold for Heart Rate LESS than (in bpm): 65 Contact Physician if:
[ ] enalaprilat (VASOTEC) injection	1.25 mg, intravenous, every 6 hours PRN, high blood pressure, blood pressure control HOLD for systolic blood pressure less than 100 mmHg BP HOLD parameters for this order: BP Hold Parameters requested BP HOLD for: Systolic BP LESS than 100 mmHg Contact Physician if:

### Beta-Blockers

[ ] carvedilol (COREG) tablet	6.25 mg, oral, 2 times daily at 0600, 1800 HOLD if systolic blood pressure is LESS THAN 90 millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN 55 beats per minute. Notify physician if medication is held. Give beta blockers with food and at least 2 hours apart from ACE Inhibitor or Angiotensin Receptor Blocker medication. BP & HR HOLD parameters for this order: Contact Physician if:
[ ] metoprolol succinate XL (TOPROL-XL) 24 hr tablet	25 mg, oral, daily at 0600 HOLD if systolic blood pressure is LESS THAN 90 millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN 55 beats per minute. Notify physician if medication is held. Give beta blockers with food and at least 2 hours apart from ACE Inhibitor or Angiotensin Receptor Blocker medication. BP & HR HOLD parameters for this order: Contact Physician if:
[ ] metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800 HOLD if systolic blood pressure is LESS THAN 90 millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN 55 beats per minute. Notify physician if medication is held. Give beta blockers with food and at least 2 hours apart from ACE Inhibitor or Angiotensin Receptor Blocker medication. BP & HR HOLD parameters for this order: Contact Physician if:

### Loop Diuretics (Single Response)

( ) furosemide (LASIX) 20 mg injection	20 mg, intravenous, 2 times daily at 0900, 1700
( ) furosemide (LASIX) infusion	5 mg/hr, intravenous, continuous
( ) bumetanide (BUMEX) 0.5 mg injection	0.5 mg, intravenous, 2 times daily at 0900, 1700 Max dose 10 mg/day

### Non-Loop Diuretics

[ ] spironolactone (ALDACTONE) tablet	25 mg, oral, daily
[ ] eplerenone (INSPIRA) tablet	25 mg, oral, daily
[ ] metolazone (ZAROXOLYN) tablet	5 mg, oral, daily

### Nitrates

<input type="checkbox"/>	nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses Contact physician if given.
<input type="checkbox"/>	isosorbide mononitrate (MONOKET) tablet	oral, 2 times daily BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	nitroglycerin (NITROSTAT) 2 % ointment	0.5 inch, Topical, every 6 hours scheduled
<input type="checkbox"/>	nitroglycerin patch	0.2 mg, transdermal, Administer over: 12 Hours, daily Remove before bedtime
<input type="checkbox"/>	isosorbide mononitrate (IMDUR) 24 hr tablet	60 mg, oral, daily BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	isosorbide dinitrate (ISORDIL) tablet	20 mg, oral, 3 times daily at 0900, 1300, 1700
<input type="checkbox"/>	nitroglycerin (TRIDIL) 2 mcg/mL in sodium chloride 0.9 % 250 mL infusion	5 mcg/min, intravenous, continuous HOLD if systolic blood pressure is LESS THAN 100 millimeters of mercury OR heart rate is LESS than 55 beats per minute.

### Platelet Inhibitors

<input type="checkbox"/>	aspirin chewable 81 mg tablet	81 mg, oral, daily
<input type="checkbox"/>	prasugrel (EFFIENT) + consult (Selection Required)	<b>"And" Linked Panel</b>
<input type="checkbox"/>	prasugrel (EFFIENT) tablet	oral, daily
<input type="checkbox"/>	prasugrel (EFFIENT) consult	STAT, Once For 1 Occurrences Which drug do you need help dosing? prasugrel (EFFIENT)
<input type="checkbox"/>	ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily
<input type="checkbox"/>	clopidogrel (PLAVIX) 75 mg tablet	75 mg, oral, daily

### Miscellaneous Agents

<input type="checkbox"/>	hydralazine 37.5 mg / isosorbide dinitrate 20 mg (BIDIL)	<b>"And" Linked Panel</b>
<input type="checkbox"/>	hydrALAZINE (APRESOLINE) tablet	37.5 mg, oral, every 8 hours scheduled To be taken with isosorbide dinitrate 20 mg oral tablet BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	isosorbide dinitrate (ISORDIL) tablet	20 mg, oral, every 8 hours scheduled To be taken with hydralazine 37.5 mg oral tablet BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	hydralazine (APRESOLINE) IV or Oral Scheduled Doses	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours scheduled Hold if systolic blood pressure is LESS than or EQUAL to 100 mmHg. Give if patient cannot swallow or tolerate oral medication. BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	hydrALAZINE (APRESOLINE) tablet	25 mg, oral, every 6 hours scheduled Hold if systolic blood pressure is LESS than or EQUAL to 100 mmHg. BP HOLD parameters for this order: Contact Physician if:

### Cough (Single Response)

<input type="checkbox"/>	guaifenesin (MUCINEX) 12 hr tablet	600 mg, oral, 2 times daily PRN, cough
<input type="checkbox"/>	dextromethorphan-guaifenesin (MUCINEX DM REGULAR) 30-600 mg per 12 hr tablet	1 tablet, oral, every 12 hours PRN, cough
<input type="checkbox"/>	guaifenesin (ROBITUSSIN) 100 mg/5 mL syrup	100 mg, oral, every 4 hours PRN, cough
<input type="checkbox"/>	dextromethorphan-guaifenesin (ROBITUSSIN-DM) 10-100 mg/5 mL liquid	5 mL, oral, every 4 hours PRN, cough
<input type="checkbox"/>	codeine-guaifenesin (GUAIFENESIN AC) 10-100 mg/5 mL liquid	5 mL, oral, every 4 hours PRN, cough
<input type="checkbox"/>	benzonatate (TESSALON) capsule	100 mg, oral, every 6 hours PRN, cough

### Constipation - NOT HMSJ

<input type="checkbox"/>	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation
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<input type="checkbox"/> senna (SENOKOT) tablet	1 tablet, oral, 2 times daily PRN, constipation, stool softening
<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, daily PRN, constipation
<input type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation
<input type="checkbox"/> magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation
<input type="checkbox"/> psyllium (METAMUCIL) 3.4 gram packet	1 packet, oral, daily PRN, constipation
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation

#### Constipation - HMSJ Only

<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation
<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, daily PRN, constipation
<input type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation
<input type="checkbox"/> magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation
<input type="checkbox"/> psyllium (METAMUCIL) 3.4 gram packet	1 packet, oral, daily PRN, constipation
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation

#### Insomnia: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep

#### Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response)

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
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#### Antiemetics

<input type="checkbox"/> ondansetron (ZOFRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input type="checkbox"/> ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input type="checkbox"/> 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.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

#### Antiemetics

<input type="checkbox"/> ondansetron (ZOFRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input type="checkbox"/> ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input type="checkbox"/> 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.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/> promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

## Antiemetics

<input type="checkbox"/>	ondansetron (ZOFTRAN) IV or Oral (Selection Required)	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input type="checkbox"/>	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.
<input type="checkbox"/>	promethazine (PHENERGAN) IVPB or Oral or Rectal	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/>	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/>	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

## Itching: For Patients GREATER than 70 years old (Single Response)

cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching

## Itching: For Patients LESS than 70 years old (Single Response)

diphenhydrAMINE (BENADRYL) tablet 25 mg, oral, every 6 hours PRN, itching  
 hydrOXYzine (ATARAX) tablet 10 mg, oral, every 6 hours PRN, itching  
 cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching  
 fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed 60 mg, oral, 2 times daily PRN, itching

## GI Drugs

<input type="checkbox"/>	famotidine (PEPCID) IV or ORAL	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily IV or ORAL Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/>	famotidine (PEPCID) tablet	20 mg, oral, 2 times daily IV or ORAL
<input type="checkbox"/>	pantoprazole (PROTONIX) IV or ORAL	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/>	pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/>	omeprazole (PriLOSEC) suspension	oral, daily Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/>	sucralfate (CARAFATE) TABLET or SUSPENSION	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	sucralfate (CARAFATE) tablet - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER	1 g, oral, 4 times daily with meals and nightly
<input type="checkbox"/>	sucralfate (CARAFATE) 100 mg/mL suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER	1 g, Nasogastric, 4 times daily with meals and nightly Use with Nasogastric tubing. Use if patient is unable to swallow tablet.
<input type="checkbox"/>	alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER	30 mL, oral, every 4 hours PRN, indigestion Do not give if patient is on hemodialysis or in chronic renal failure.
<input type="checkbox"/>	simethicone (MYLICON) chewable tablet	80 mg, oral, every 4 hours PRN, flatulence, For 2 Doses

## GI Drugs

<input type="checkbox"/>	famotidine (PEPCID) IV or ORAL	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily IV or ORAL Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/>	famotidine (PEPCID) tablet	20 mg, oral, 2 times daily IV or ORAL
<input type="checkbox"/>	pantoprazole (PROTONIX) IV or ORAL	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/>	pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/>	sucralfate (CARAFATE) TABLET or SUSPENSION	<b>"Or" Linked Panel</b>
<input type="checkbox"/>	sucralfate (CARAFATE) tablet - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER	1 g, oral, 4 times daily with meals and nightly
<input type="checkbox"/>	sucralfate (CARAFATE) 100 mg/mL suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER	1 g, Nasogastric, 4 times daily with meals and nightly Use with Nasogastric tubing. Use if patient is unable to swallow tablet.
<input type="checkbox"/>	alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER	30 mL, oral, every 4 hours PRN, indigestion Do not give if patient is on hemodialysis or in chronic renal failure.
<input type="checkbox"/>	simethicone (MYLICON) chewable tablet	80 mg, oral, every 4 hours PRN, flatulence, For 2 Doses

#### sodium chloride 0.9% bag for line care

<input type="checkbox"/>	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.
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## VTE

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

VTE/DVT Risk Definitions

URL:

"\\appt1\epicappprod\Restricted\OrderSets\VTE\DVTRISK DEFINITIONS.pdf"

[Anticoagulation Guide for COVID patients](#)

URL:

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

<input type="checkbox"/>	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)	
<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

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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |

Place sequential compression device (Single Response)

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

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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |

Place sequential compression device (Single Response)

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

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<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |

Place sequential compression device (Single Response)

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

LOW Risk of DVT (Selection Required)

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

Low Risk (Single Response) (Selection Required)

- |  |   |
|--|---|
| <input type="checkbox"/> Low risk of VTE | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation |
|--|---|

MODERATE Risk of DVT - Surgical (Selection Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

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

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

Place/Maintain sequential compression device continuous Routine, Continuous

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis **"And" Linked Panel**

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

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

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

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	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		



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\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"

URL:

"https://formweb.com/files/houstonmethodist/documents/COVID-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	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

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):
( ) 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)	
<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:

"\lappt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.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)	
<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	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		

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 Today

### COVID-19 Qualitative PCR

COVID-19 qualitative RT-PCR - Nasal Swab      STAT For 1 Occurrences  
Specimen Source: Nasal Swab  
Is this for pre-procedure or non-PUI assessment? Yes

### Hematology/Coagulation Today

CBC      Once  
 CBC and differential      Once  
 Prothrombin time with INR      Once  
 Partial thromboplastin time      Once  
 Anti Xa, unfractionated      Once  
 Sedimentation rate      Once

### Chemistry Today

Albumin      Once  
 Amylase      Once  
 Basic metabolic panel      Once  
 NT-proBNP      Once  
 CK total      Once  
 Comprehensive metabolic panel      Once  
 Hemoglobin A1c      Once  
 Hepatic function panel      Once  
 Lactic acid level - ONE TIME ORDER ONLY      Once  
 Lipase      Once  
 Lipid panel      Once  
 Magnesium      Once  
 Phosphorus      Once  
 Prealbumin      Once  
 TSH      Once  
 T4, free      Once  
 Uric acid      Once  
 Urine drugs of abuse screen      Once  
 C-reactive protein      Once  
 Procalcitonin      Once  
 Troponin T      Once

### Cardiac

Troponin T : STAT      STAT For 1 Occurrences  
 Troponin T : Now and every 6 hours x 2      Now then every 6 hours For 2 Occurrences  
 Troponin T : Now and every 8 hours x 2      Now then every 8 hours For 2 Occurrences

### Microbiology

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

<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Not recommended for chronic Foley catheter patient or ESRD patient due to concerns of colonization
<input type="checkbox"/>	Sputum culture	Once, Sputum
<input type="checkbox"/>	Respiratory Pathogen Panel with COVID-19 (Selection Required)	
<input type="checkbox"/>	Respiratory pathogen panel with COVID-19 RT-PCR	Once, Nasopharyngeal, Swab
<input type="checkbox"/>	Isolation (Selection Required)	
	Airborne plus Contact isolation is recommended for all Confirmed or Suspect COVID-19 patients regardless of aerosol generating procedure requirements in response to the OSHA standard published June 2021.	
	Please refer to the Confirmed COVID or PUI section in the Clinical Resource Guide for PPE guidance.	
<input type="checkbox"/>	Airborne Isolation	
<input type="checkbox"/>	Airborne isolation status	Include eye protection
<input type="checkbox"/>	Contact Isolation	
<input type="checkbox"/>	Contact isolation status	Include eye protection
<input type="checkbox"/>	Influenza antigen	<b>"And" Linked Panel</b>
<input type="checkbox"/>	Influenza antigen	Once, Nasopharyngeal
<input type="checkbox"/>	Droplet isolation status	Details
<input type="checkbox"/>	Methicillin-Resistant Staphylococcus aureus (MRSA), NAA	
<input type="checkbox"/>	Methicillin-Resistant Staphylococcus aureus (MRSA), NAA	
<input type="checkbox"/>	Methicillin-resistant staphylococcus aureus (MRSA), NAA	Once, Nares
<input type="checkbox"/>	MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time. @LASTLAB(MRSAPCR)@	
<input type="checkbox"/>	MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time.	Routine, Until discontinued, Starting S
<input type="checkbox"/>	MRSA PCR has been ordered within the last 7 days. This test has shown to retain high negative predictive value within this time interval. @LASTLAB(MRSAPCR)@	
<input type="checkbox"/>	Methicillin-resistant staphylococcus aureus (MRSA), NAA	Once, Nares
<input type="checkbox"/>	This patient has a positive MRSA PCR result within the last 7 days. @LASTLAB(MRSAPCR)@	
<input type="checkbox"/>	Methicillin-resistant staphylococcus aureus (MRSA), NAA	Once, Nares
<input type="checkbox"/>	Methicillin-Resistant Staphylococcus aureus (MRSA), NAA	
	@LASTLAB(MRSAPCR)@	
<input type="checkbox"/>	Methicillin-resistant staphylococcus aureus (MRSA), NAA	Once, Nares

## Labs Tomorrow

### Hematology/Coagulation Tomorrow

<input type="checkbox"/>	CBC	AM draw For 1 Occurrences
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<input type="checkbox"/>	CBC with differential	AM draw For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR	AM draw For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time	AM draw For 1 Occurrences
<input type="checkbox"/>	Anti Xa, unfractionated	AM draw For 1 Occurrences

### Chemistry Tomorrow

<input type="checkbox"/>	Albumin	AM draw For 1 Occurrences
<input type="checkbox"/>	Amylase	AM draw For 1 Occurrences
<input type="checkbox"/>	Basic metabolic panel	AM draw For 1 Occurrences
<input type="checkbox"/>	NT-proBNP	AM draw For 1 Occurrences
<input type="checkbox"/>	CK total	AM draw For 1 Occurrences
<input type="checkbox"/>	Comprehensive metabolic panel	AM draw For 1 Occurrences
<input type="checkbox"/>	Hepatic function panel	AM draw For 1 Occurrences
<input type="checkbox"/>	Lactic acid level - ONE TIME ORDER ONLY	AM draw For 1 Occurrences
<input type="checkbox"/>	Lipase	AM draw For 1 Occurrences
<input type="checkbox"/>	Lipid panel	AM draw For 1 Occurrences
<input type="checkbox"/>	Magnesium	AM draw For 1 Occurrences
<input type="checkbox"/>	Phosphorus	AM draw For 1 Occurrences
<input type="checkbox"/>	Prealbumin	AM draw For 1 Occurrences
<input type="checkbox"/>	TSH	AM draw For 1 Occurrences
<input type="checkbox"/>	T4, free	AM draw For 1 Occurrences
<input type="checkbox"/>	Uric acid	AM draw For 1 Occurrences
<input type="checkbox"/>	Urine drugs of abuse screen	Once, Starting S+1

## Cardiology

### Cardiology

<input type="checkbox"/>	Myocardial perfusion stress test	Routine, 1 time imaging, Starting S at 1:00 AM Must order Stress Test ECG Only order in conjunction.
<input type="checkbox"/>	Cv exercise treadmill stress (no imaging)	Routine, Once
<input type="checkbox"/>	ECG 12 lead - Routine	Routine, Once Clinical Indications: Chest Pain Interpreting Physician:
<input type="checkbox"/>	ECG 12 lead - STAT	STAT, Once Clinical Indications: Chest Pain Interpreting Physician:
<input type="checkbox"/>	Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging, Starting S at 1:00 AM

## Imaging

### MRI/MRA

<input type="checkbox"/>	MRI Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Brain W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Brain W 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 Head W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRA Head W 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"/>	MRA Neck W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRA Neck W 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 W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	CT Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	CT Chest Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	CT Abdomen W Contrast (Omnipaque)	<b>"And" Linked Panel</b>

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

<input type="checkbox"/>	CT Abdomen W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen Pelvis WO Contrast (Omnipaque)	<b>"And" Linked Panel</b>
	For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).	
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen Pelvis WO Contrast (Readi-Cat)	<b>"And" Linked Panel</b>
	Ordered as secondary option for those with iodine allergies.	
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast
<input type="checkbox"/>	CT Pelvis W Contrast (Omnipaque)	<b>"And" Linked Panel</b>
	For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).	
<input type="checkbox"/>	CT Pelvis W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen Pelvis WO Contrast (Omnipaque)	<b>"And" Linked Panel</b>
	For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).	
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen Pelvis WO Contrast (Readi-Cat)	<b>"And" Linked Panel</b>
	Ordered as secondary option for those with iodine allergies.	
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast
<input type="checkbox"/>	CT Sinus Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

### X-Ray

<input type="checkbox"/>	Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	Chest 2 Vw	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	KUB Kidney Ureter Bladder	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	KUB Kidney Ureter Bladder	STAT, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	Abdomen 2 Vw Ap W Upright And/Or Decubitus	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	Abdomen 2 Vw Ap W Upright And/Or Decubitus	STAT, 1 time imaging, Starting S at 1:00 AM For 1

### Ultrasound

<input type="checkbox"/>	US Abdomen Complete	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	US Gallbladder	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	US Renal	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	US Pelvis Complete	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	US Pelvic Non Ob Limited	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	US Pelvic Transvaginal	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	Pv carotid duplex	Routine, 1 time imaging, Starting S at 1:00 AM
<input type="checkbox"/>	Pv duplex arterial upper extremity	Routine, 1 time imaging, Starting S at 1:00 AM
<input type="checkbox"/>	Pv duplex arterial lower extremity	Routine, 1 time imaging, Starting S at 1:00 AM
<input type="checkbox"/>	Pv vascular screening	Routine, 1 time imaging, Starting S at 1:00 AM

## Other Studies

## Respiratory

### Respiratory

<input type="checkbox"/> Oxygen therapy - NC 2 Lpm	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Hypoxemia Device 2: Device 3: Indications for O2 therapy:
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## Rehab

## Consults

### Pharmacy Consult for Anticoagulation

<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	Routine, Until discontinued, Starting S Indication:
<input type="checkbox"/> Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE) - with titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Specify: Monitoring:
<input type="checkbox"/> Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa

### Consult Pharmacy - Renal Dosing

<input type="checkbox"/> Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:
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### Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to PT Wound Care Eval and Treat	Special Instructions: Location of Wound?
<input type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:

Consult to Wound Ostomy Care nurse

Reason for consult:  
Reason for consult:  
Reason for consult:  
Reason for consult:  
Consult for NPWT:  
Reason for consult:  
Reason for consult:

Consult to Respiratory Therapy

Reason for Consult?

## Additional Orders