Congestive Heart Failure (CHF) Admission [655]

Bacteremia Details	Common Present on Admission Diagnosis	
Acute Post-Hemorrhagic Anemia Acute Renal Failure Details Acute Respiratory Failure Details Bacteremia Details Bacteremia Details Biploar disorder, unspecified Details Biploar disorder, unspecified Details Biploar disorder, unspecified Details Biploar disorder, unspecified Details Details Cardiac Dysrhythmia Details Details Details Details Decubitus Ulcer Details Decubitus Ulcer Details Decubitus Ulcer Details Dementia in Conditions Classified Elsewhere Details Desementia in Conditions Classified Elsewhere Details Destails Disorder of Liver Details Detai	1 Acidosis	Details
Acute Renal Failure	•	
Acute Respiratory Failure Acute Thromboembolism of Deep Veins of Lower Extremities Anemia		
Acute Thromboembolism of Deep Veins of Lower Extremities		
Bacteremia Details] Acute Thromboembolism of Deep Veins of Lower	Details
Bipolar disorder, unspecified Details Cardiac Arrest Details Cardiac Dysrhythmia Details Cardiac Operation Details Decubitus Ulcer Details Decubitus Ulcer Details Dementia in Conditions Classified Elsewhere Details Dementia in Conditions Classified Elsewhere Details Disorder of Liver Details Disorder of Liver Details Electrotyle and Fluid Disorder Details Intestinal Infection due to Clostridium Difficile Details Intestinal Infection due to Clostridium Difficile Details Methicillin Resistant Staphylococcus Aureus Infection Details Methicillin Resistant Staphylococcus Aureus Infection Details Obstructive Chronic Bronchitis with Exacerbation Details Other Alteration of Consciousness Details Other Alteration of Consciousness Details Other Informany Fimbolism and Infarction Details Other Informany Fimbolism and Infarction Details Phelibitis and Thrombophiebitis Details Protein-calorie Malnutrition Details Protein-calorie Malnutrition Details Psychosis, unspecified psychosis type Details Sepsic Shock Details Sepsic Shock Details Septicemia Details] Anemia	Details
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Cardiac Dysrhythmia Details] Bipolar disorder, unspecified	Details
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) Outpatient in a bed - extended recovery	Admitting Physician:

() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission (Single Response) Patient has active status order on file.	
() Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Code Status @CERMSG(674511:)@	
[X] Code Status (Single Response) DNR and Modified Code orders should be placed	by the responsible physician.
() Full code	Code Status decision reached by:
() DNR (Do Not Resuscitate) (Selection Required	'
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
[] Consult to Palliative Care Service	
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider:
	Enter call back number:
[] Consult to Social Work () Modified Code	Reason for Consult: Did the patient/surrogate require the use of an interpreter?
() Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions:
[] Treatment Restrictions ((For use when a patient is in a cardiopulmonary arrest))	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once

Contact isolation status	Details
Droplet isolation status	Details
Enteric isolation status	Details
Precautions	
Aspiration precautions	Details
] Fall precautions	Increased observation level needed:
] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol
[] Vital signs - T/P/R/BP	Routine, Every 4 hours
Dulse oximetry	Routine, Continuous
	Current FIO2 or Room Air:
	Notify attending if oxygen saturation is less than 92%
Activity	
[X] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bathroom privileges
Strict bed rest	Routine, Until discontinued, Starting S
Bed rest with bedside commode	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bedside commode
] Out of bed - up in chair	Routine, Until discontinued, Starting S
	Specify: Out of bed,Up in chair Additional modifier:
Ambulate with assistance	Routine, 3 times daily
1 Ambulate with assistance	Specify: with assistance
Nursing	
[X] Telemetry	"And" Linked Panel
[X] Telemetry monitoring	Routine, Continuous For 5 Days
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box)
	Reason for telemetry: Acute decompensated heart failure/pulmonary edema
	Can be off of Telemetry for tests and baths? Yes
[X] Telemetry Additional Setup Information	Routine, Continuous
[X] Telemetry Additional Setup Information	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
2V1 0(2) (2) (2) (3) (3) (4) (4)	Low SPO2(%): 94
[X] Strict intake and output	Routine, Every hour
[X] Daily weights	Routine, Daily Notify attending if weight increases greater than 0.5 kilogram
IVI Calina look IV	from previous day.
[X] Saline lock IV [] Intake and Output	Routine, Continuous
Intake and Output	Routine, Every 2 hours
1 make and Odiput	Uring Output
Intake and output	Urine Output Routine, Every 8 hours

[] Insert Foley catheter	Routine, Once
	Type:
	Size:
	Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S
[1] OV a second on defile on the internegation	Orders: Maintain
[] CV pacemaker defib or ilr interrogation	Routine, Once
[] Patient education: Start heart failure video	Routine, Once
	Patient/Family:
	Education for: CHF education
	Start Heart Failure video
[] Patient education: Provide Heart Failure Packet	Routine, Once
	Patient/Family:
	Education for: CHF education
	Provide patient with Heart Failure packet
[] Patient education: Provide discharge agreement	for Routine, Once
review	Patient/Family:
	Education for: Discharge
	Provide patient with Discharge Agreement for review.
Nursing	
[X] Telemetry	"And" Linked Panel
[X] Telemetry monitoring	Routine, Continuous For 5 Days
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	,
	(Telemetry Box)
	Reason for telemetry: Acute decompensated heart failure/pulmonary
	edema
IVI Talamatin Additional Cotum Information	Can be off of Telemetry for tests and baths? Yes
[X] 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
[X] Strict intake and output	Routine, Every hour
[X] Daily weights	Routine, Daily
	Notify attending if weight increases greater than 0.5 kilograms
	from previous day.
[X] Saline lock IV	Routine, Continuous
Intake and Output	Routine, Every 2 hours
11 mano and Carput	Urine Output
[] Intake and output	Routine, Every 8 hours
[] Intake and output	· · · · · · · · · · · · · · · · · · ·
II Inpart and maintain Falsy	Document urine output in Epic every 8 hours.
[] Insert and maintain Foley	D. C. O.
[] Insert Foley catheter	Routine, Once
	Type:
	Size:
	Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S
	Orders: Maintain

[] Pacemaker Interrogation	Please obtain patient name and DOB, then call one of the following vendors for pacemaker device interrogation.
	Abbott (formerly St. Jude) 800-722-3774
	Biotronic 800-547-0394
	Boston Scientific 800-227-3422
	Medtronic 800-328-2518
	Routine
[] Patient education: Start heart failure video	Routine, Once Patient/Family: Education for: CHF education Start Heart Failure video
[] Patient education: Provide Heart Failure Packet	Routine, Once Patient/Family: Education for: CHF education Provide patient with Heart Failure packet
[] Patient education: Provide discharge agreement for review	Routine, Once Patient/Family: Education for: Discharge Provide patient with Discharge Agreement for review.
Diet	
[X] Diet- 2 GM Sodium	Diet effective now, Starting S Diet(s): 2 GM Potassium Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Fluid Restriction 1500 ml Foods to Avoid:
[] 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.
NPO - except meds	Diet effective now, Starting S NPO: Except meds 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:
Notify	

[X] Notify Physician for vitals:	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
	MAP less than: 60
	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
Notify Physician for failure to reach urine output goal	Routine, Until discontinued, Starting S, Failure to reach urine output goal of *** milliliters within *** hours

IV Fluids

Peripheral IV Access

[X] Initiate and maintain IV	
[X] Insert peripheral IV	Routine, Once
[X] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[X] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

Medications

ACE/ARB Inhibitors	
[] enalapril (VASOTEC) tablet	 2.5 mg, oral, 2 times daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. BP HOLD parameters for this order: Contact Physician if:
[] enalaprilat (VASOTEC) injection	0.625 mg, intravenous, every 6 hours HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. BP HOLD parameters for this order: Contact Physician if:
[] lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. BP HOLD parameters for this order: Contact Physician if:
[] ramipril (ALTACE) capsule	 2.5 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. BP HOLD parameters for this order: Contact Physician if:
[] losartan (COZAAR) tablet	50 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. BP HOLD parameters for this order: Contact Physician if:
[] valsartan (DIOVAN) tablet	80 mg, oral, daily HOLD if systolic blood pressure is LESS THAN 85 millimeters of mercury. BP HOLD parameters for this order: Contact Physician if:

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 between160 mmHg and 180 mmHg Hold if heart rate less than 65 or patient having respiratorydifficulties. 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:
Inotropic Agents	
[] digoxin (LANOXIN) 0.125 mg injection	0.125 mg, intravenous, daily Indication: Heart Failure
[] digoxin (LANOXIN) 0.125 mg tablet	0.125 mg, oral, daily Indication: Heart Failure
DOPamine IV infusion	2-10 mcg/kg/min, intravenous, titrated
[] milrinone infusion 200 mcg/mL (premixed) [] DOButamine (DOBUTREX) infusion	0.25 mcg/kg/min, intravenous, continuous2 mcg/kg/min, intravenous, continuousCall for heart rate greater than 115 or systolic blood pressure less than 100
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 (INSPRA) tablet	25 mg, oral, daily
[] metolazone (ZAROXOLYN) tablet	5 mg, oral, daily
Miscellaneous Agents	
[] hydrALAZINE (APRESOLINE) tablet	10 mg, oral, 3 times daily BP HOLD parameters for this order: BP Hold Parameters
	requested BP HOLD for: Systolic BP LESS than 100 mmHg Contact Physician if:
[] isosorbide dinitrate (ISORDIL) tablet	10 mg, oral, 3 times daily at 0900, 1300, 1700 BP HOLD parameters for this order: Contact Physician if:
[] nitroglycerin (NITROSTAT) 2 % ointment	0.5 inch, Topical, every 6 hours scheduled
[] nitroglycerin (NITRODUR) /hr patch	0.2 mg, transdermal, Administer over: 12 Hours, daily Remove before bedtime Time to remove patch:
[] hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours scheduled Give if patient cannot swallow or tolerate oral medication. BP HOLD parameters for this order: BP Hold Parameters requested BP HOLD for: Systolic BP LESS than 100 mmHg Contact Physician if:
[] nitroglycerin (TRIDIL) 200 mcg/mL in sodium chlori 0.9% 250 mL infusion	ide 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.
sodium chloride 0.9% bag for line care	
[X] sodium chloride 0.9% bag for line care	250 mL, intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.
VTE	
DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	(Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Anticoagulation Guide for COVID patients	DEFINITIONS.pdf" URL:
	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Pagenge) (Sologtion Paguired)	
(Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of the the therapeutic anticoagulant or VTE prophylaxis (Selection Required)	
Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on

Place sequential compression device (Single)Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) 	
Moderate risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
Place sequential compression device (Singl	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Diago/Maintain agguential compression	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) High Risk - Patient currently has an active or	
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	Pouting Once
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
propriyiaxis	Therapy for the following:
[] Place sequential compression device (Singl	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
p. 6p. 1) 165 116	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 High Risk - Patient currently has an active or therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
Place sequential compression device (Singl	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Disco / () A - () ()	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk f	actors
	ired)
Low Risk (Single Response) (Selection Reau	,
Low Risk (Single Response) (Selection RequLow risk of VTE	Routine, Once

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 - S Patient (Single Response) (Selection Required)	durgical description of the second of the se
 () Contraindications exist for pharmacologic prop BUT order Sequential compression device 	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
Patient renal status: @CRCL@	
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 enoxapa	arin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

() heparin (porcine) injection

() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) () Pharmacy consult to manage warfarin (COUMADIN) () COUMADIN) () Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device 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		
weight < 50kg and age > 75yrs) than 50kg and age GREATER than 75yrs. () heparin (porcine) injection - For Patients with weight GREATER than 100 kg For patients with weight GREATER than 100 kg. () warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1 Indication: () Pharmacy consult to manage warfarin (COUMADIN) Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis (OPlace/Maintain sequential compression device continuous () Place/Maintain sequential compression device 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		
() heparin (porcine) injection - 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) Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication () Place/Maintain sequential compression device 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		
Indication: () Pharmacy consult to manage warfarin (COUMADIN) Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device 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	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Pharmacy consult to manage warfarin (COUMADIN) Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication device continuous () Place/Maintain sequential compression device 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	() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
(COUMADIN) Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication () Place/Maintain sequential compression device continuous () Place/Maintain sequential compression Routine, Continuous device 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		Indication:
[] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device 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	() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
Required) () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication () Place/Maintain sequential compression device 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	(COUMADIN)	Indication:
() Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication () Place/Maintain sequential compression device 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	[] Mechanical Prophylaxis (Single Respons	se) (Selection
prophylaxis No mechanical VTE prophylaxis due to the following contraindication () Place/Maintain sequential compression Routine, Continuous device 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	Required)	
 () Place/Maintain sequential compression device 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 	() Contraindications exist for mechanical	
device 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	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
 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 	() Place/Maintain sequential compression	Routine, Continuous
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	device continuous	
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		Selection
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	Required)	
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous	Moderate Risk Definition	
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous		sed. Mechanical prophylaxis is optional unless pharmacologic is
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		
		isease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above		
Central line History of DVT or family history of VTE		

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory

Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

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

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): () For CrCl GREATER than or EQUAL TO 30 mL/min enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous, Starting S+1 Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM heparin (porcine) injection heparin (porcine) injection (Recommended 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM for patients with high risk of bleeding, e.g. Recommended for patients with high risk of bleeding, e.g. weight LESS weight < 50kg and age > 75yrs) than 50kg and age GREATER than 75yrs. () heparin (porcine) injection - For Patients 7,500 Units, subcutaneous, every 8 hours, Starting S+1 with weight GREATER than 100 kg For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1 () warfarin (COUMADIN) tablet Indication: () Pharmacy consult to manage warfarin STAT, Until discontinued, Starting S (COUMADIN) Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical Routine, Once prophylaxis No mechanical VTE prophylaxis due to the following contraindication(s): () Place/Maintain sequential compression Routine, Continuous device continuous HIGH Risk of DVT - Non-Surgical (Selection 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

[1]	Hiah	Risk	(Selection	Red	uired)

[] High risk of VTE Routine, Once

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

() Contraindications exist for pharmacologic Routine, Once No pharmacologic VTE prophylaxis due to the following prophylaxis contraindication(s): enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended

doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

()

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

[] High risk of VTE Printed on 10/12/2023 at 10:41 AM from SUP Routine, Once

[] High Risk Pharmacological Prophylaxis - Hip or R (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 Re	• •
[] 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)	onse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUA 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 enoxapa	AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (L subcutaneous Daily at 1700	OVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 ml enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):

() Place/Maintain sequential compression device continuous	Routine, Continuous
T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions	e) (Selection Required) URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Anticoagulation Guide for COVID patients	DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strati (Single Response) (Selection Required)	
 Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) 	
Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
[] Place sequential compression device (Single	Therapy for the following:
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
 Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) 	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) 	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active order	
therapeutic anticoagulant or VTE prophylaxis (Required)	Selection

[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Singl	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	reduite, 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 Requ	
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() MODERATE Risk of DVT - Surgical (Selection	
Moderate Risk Definition	roquilouj
	. Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions	S:
	mmation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho	oure
Less than fully and independently ambulatory	ours
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis	·
Patient (Single Response) (Selection Require	
() Contraindications exist for pharmacologic p	
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression	Routine, Continuous
device continuous	
() Contraindications exist for pharmacologic p	rophylaxis "And" Linked Panel
AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[1] Controlledications swiat for an above 1	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Ro	
(Selection Required)	

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin	(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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() MODERATE Risk of DVT - Non-Surgical (Selection	on
Required)	

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

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

1	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selectio	n
	Required) Contraindications exist for pharmacologic prophy Order Sequential compression device	ylaxis - "And" Linked Panel
[]		Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Place/Maintain sequential compression device continuous	Routine, Continuous
()	Contraindications exist for pharmacologic prophy AND mechanical prophylaxis	ylaxis "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 Respo (Selection Required)	nse)
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUA 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 enoxapar	L to 30mL/min, enoxaparin orders will apply the following recommended in 40mg every 12 hours
()	For CrCl LESS than 30mL/min - enoxaparin (Lo subcutaneous Daily at 1700	OVENOX)
Ī] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
()	For CrCl GREATER than or EQUAL TO 30 mL enoxaparin (LOVENOX) subcutaneous	/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
()		2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
()	for patients with high risk of bleeding, e.g.	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:
()		STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Selec 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)	ponse)	
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 subcutaneous Daily at 1700	(LOVENOX)	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):	
() For CrCl GREATER than or EQUAL TO 30 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM	
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS	
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.	
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.	
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
) HIGH Risk of DVT - Non-Surgical (Selection Requ	ired)	
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.		
[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)		
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):	
() enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)	• ,	

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

() For CrCLLESS than 30ml /min - enoxaparin (LOVENOX)

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

subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30	
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous
, ,	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	
Required)	л
	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
Address both pharmassingle and meshamour pro	phylaxia by ordening from Friantiacological and Mechanical Frophylaxia.
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
] High Risk Pharmacological Prophylaxis - Hip o	or Knee
(Arthroplasty) Surgical Patient (Single Respons	se)
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection F	• ,
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() ((O) (ENO)() : (: (O) D	·

(Selection Required)

() enoxaparin (LOVENOX) injection (Single Response)

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 ml enoxaparin (LOVENOX) subcutaneous	L/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicati Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
T Risk and Prophylaxis Tool (Single Response) /TE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\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 Stratific (Single Response) (Selection Required)	ation
 Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Se Required) 	
[] Moderate risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

7) A	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Diago/Maintain aggregation compression	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Moderate Risk - Patient currently has an activ	
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	D. C. O.
Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
 () Place/Maintain sequential compression device continuous 	Routine, Continuous
() High Risk - Patient currently has an active ord	
therapeutic anticoagulant or VTE prophylaxis Required)	(Selection
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
[1] Disconsississississississississississississis	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis 	
Required)	(Selection
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
[1] Diago acquential compression device (Cingle	Therapy for the following:
Place sequential compression device (SingleContraindications exist for mechanical	
prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
ριομηγιαλίο	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fa	actors
[]	n.
[] Low Risk (Single Response) (Selection Requi	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge
	early ambulation
MODERATE Risk of DVT - Surgical (Selection R	(equired)

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 - S Patient (Single Response) (Selection Required	
 () Contraindications exist for pharmacologic prop BUT order Sequential compression device 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic properties AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
Patient renal status: @CRCL@	
doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	parin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	·
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r	nL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

() heparin (porcine) injection

()	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
()	heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
		Indication:
$\overline{()}$	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
[]	Mechanical Prophylaxis (Single Response) (Sel	ection
	Required)	
()	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
$\overline{()}$	Place/Maintain sequential compression	Routine, Continuous
	device continuous	
() M	ODERATE Risk of DVT - Non-Surgical (Selectio	n
Re	equired)	
M	oderate Risk Definition	
	narmacologic prophylaxis must be addressed. Mintraindicated.	echanical prophylaxis is optional unless pharmacologic is
Oı	ne or more of the following medical conditions:	
Cl	HF, MI, lung disease, pneumonia, active inflamm	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stı	oke, rheumatologic disease, sickle cell disease,	leg swelling, ulcers, venous stasis and nephrotic syndrome
Αg	ge 60 and above	
Ce	entral line	
Hi	story of DVT or family history of VTE	

Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory

Estrogen therapy
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

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

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

HIGH RISK OF DVT - Surgical (Selection

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

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

enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): () For CrCl GREATER than or EQUAL TO 30 mL/min enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous, Starting S+1 Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM heparin (porcine) injection heparin (porcine) injection (Recommended 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM for patients with high risk of bleeding, e.g. Recommended for patients with high risk of bleeding, e.g. weight LESS weight < 50kg and age > 75yrs) than 50kg and age GREATER than 75yrs. () heparin (porcine) injection - For Patients 7,500 Units, subcutaneous, every 8 hours, Starting S+1 with weight GREATER than 100 kg For patients with weight GREATER than 100 kg. () warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1 Indication: () Pharmacy consult to manage warfarin STAT, Until discontinued, Starting S (COUMADIN) Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical Routine, Once prophylaxis No mechanical VTE prophylaxis due to the following contraindication(s): () Place/Maintain sequential compression Routine, Continuous device continuous HIGH Risk of DVT - Non-Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE

[] High Risk (Selection Required)

[] High risk of VTE Routine, Once

 High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic Routine, Once prophylaxis No pharmacologic VTE prophylaxis due to the following contraindication(s): enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (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 5,000 Units, subcutaneous, every 12 hours

(COUMADIN) Indication:

[] Mechanical Prophylaxis (Single Response) (Selection

for patients with high risk of bleeding, e.g.

weight < 50kg and age > 75yrs)() heparin (porcine) injection - For Patients

() warfarin (COUMADIN) tablet

with weight GREATER than 100 kg

() Pharmacy consult to manage warfarin

Required)
() Contraindications exist for mechanical Routine, Once

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

() Place/Maintain sequential compression

Routine, Cntinuous

oral, daily at 1700

Indication:

Recommended for patients with high risk of bleeding, e.g. weight LESS

than 50kg and age GREATER than 75yrs.

7,500 Units, subcutaneous, every 8 hours

STAT, Until discontinued, Starting S

For patients with weight GREATER than 100 kg.

device continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)

 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 Re	• •	
[] 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)	onse)	
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUA 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 enoxapa	AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours	
() For CrCl LESS than 30mL/min - enoxaparin (L subcutaneous Daily at 1700	OVENOX)	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM	
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.	
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.	
() Rivaroxaban and Pharmacy Consult (Selection Required)		
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis	
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis	
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
[] Mechanical Prophylaxis (Single Response) (Sele Required)		
() Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):	

() Place/Maintain sequential compression device continuous

Routine, Continuous

Labs	
Chemistry	
[] Basic metabolic panel	Once
NT-proBNP	Once
Calcium	Once
Comprehensive metabolic panel	Once
Digoxin level	Once
[] Hemoglobin A1c	Once
[] Lipid panel	Once
[] Magnesium	Once
Potassium	Once
T4, free	Once
] Troponin T	Once
] TSH	Once
Hematology	
[] CBC hemogram	Once
BCBC with differential	Once
Coagulation	
D-dimer	Once
Partial thromboplastin time	Once
Prothrombin time with INR	Once
Repeating Labs	
[] Basic metabolic panel	AM draw repeats For 3 Days
[] NT-proBNP	AM draw repeats For 3 Days
[] Troponin T	Now then every 4 hours For 2 Occurrences
[] Troponin T	Every 8 hours For 3 Occurrences

Cardiac Imaging

Magnesium

Phosphorus

Troponin T

CBC with differential

Echocardiogram is recommended if new onset CHF, if no echo has been done in previous 6 months, or if patient has change in previously stated symptoms.

AM draw repeats For 3 Days

ECG

[] ECG 12 lead	Routine, Every 4 hours For 2 Occurrences Clinical Indications: Interpreting Physician:
[] ECG 12 lead	Routine, Once Clinical Indications: CHF Interpreting Physician:
X-Ray	
[X] Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1
[] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] Chest 1 Vw Portable	Routine, Daily imaging For 3 Occurrences
[] Abdomen 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Ultrasound

[] Echocardiogram complete w contrast and 3D if needed

Routine, 1 time imaging, Starting S at 1:00 AM

СТ	
[] CT Chest W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Pulmonary Embolism protocol
Myocardial Perfusion	
[] Myocardial perfusion	Routine, 1 time imaging, Starting S at 1:00 AM
MRI/MRA	
[] Cardiac MRI function viability chf evaluation	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Imaging	
Other Diagnostic Studies	
Respiratory	
Respiratory	
[] CPAP	Routine, RT - At bedtime Instructions for As Directed: Bubble CPAP: Mode: Spontaneous CPAP (cm H2O): O2 Bleed In (L/min): FiO2: Titrate to keep O2 Sat Above:
[] BIPAP	Routine, Once Instructions for As Directed: Mode:
[X] Oxygen therapy	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Hypoxemia
[] Mechanical ventilation	Routine Mechanical Ventilation: Vent Management Strategies:
Rehab	
Consults	
Consults	
CV pacemaker or icd interrogation	Routine, Once
[] Consult to Respiratory Therapy	Reason for Consult? if patient status requires oxygen, ABG, nebulized medications BIPAP, or endotracheal tube, for management of airway and oxygenation.
[] Consult to Cardiac Rehab Phase 1	Routine, Once Clinical Indications: Heart Failure Please evaluate patient for out patient cardiac rehabilitation.
[] Consult to Case Management	Consult Reason: Home Evaluation
[] Consult to Social Work	Reason for Consult: Home Evaluation

[] Consult to 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:
[] Consult to Palliative Care Service	
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to 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:
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
[] Consult to Pharmacy	Routine, Until discontinued, Starting S Reason for Consult?
Consults HMH & HMSL ONLY	
[X] Heart Failure NP Consult	Reason for consult:
[] CV pacemaker or icd interrogation	Routine, Once
[] Consult to Respiratory Therapy	Reason for Consult? if patient status requires oxygen, ABG, nebulized medications BIPAP, or endotracheal tube, for management of airway and oxygenation.
[] Consult to Cardiac Rehab Phase 1	Routine, Once Clinical Indications: Heart Failure Please evaluate patient for out patient cardiac rehabilitation.
[] Consult to Case Management	Consult Reason: Home Evaluation
[] Consult to Social Work	Reason for Consult: Home Evaluation
[] Consult to 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:
[] Consult to Palliative Care	Reason for Consult? Name of referring provider: Enter call back number:
[] Consult to 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:
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
[] Consult to Pharmacy	Routine, Until discontinued, Starting S Reason for Consult?