COVID-19 ICU admission [4430]

General

Present on Admission (Single Response) (Selection Required)

( ) COVID-19 virus detected	Details
( ) Suspected COVID-19 Virus	Details

Admission (Single Response)

Patient has active status order on file.

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

Code Status

@CERMSG(674511:)@

[X] Code Status (Single Response)

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

( ) Full code	Code Status decision reached by:
( ) DNR (Do Not Resuscitate) (Selection Required)	
[ ] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
[ ] Consult to Palliative Care Service	
[ ] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[ ] Consult to Social Work	Reason for Consult:
( ) Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions:
[ ] Treatment Restrictions ((For use when a patient is 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:

COVID-19 ISOLATION REQ (Selection Required)

Airborne plus Contact isolation is recommended for all Confirmed or Suspected COVID-19 patients.

Please refer to the Confirmed COVID or PUI section in the Clinical Resource Guide for PPE guidance.

[X] Airborne Isolation	
[X] Airborne isolation status	Include eye protection
[X] Contact Isolation	
[X] Contact isolation status	Include eye protection

Precautions

[ ]	Aspiration precautions	Details
[ ]	Fall precautions	Increased observation level needed:
[ ]	Latex precautions	Details
[ ]	Seizure precautions	Increased observation level needed:

Nursing

Vital Signs (Selection Required)

Vital signs with link to algorithm of Stepwise management of Hypoxemia

[X]	Vital signs - T/P/R/BP	Routine, Per unit protocol For Until specified
[X]	Pulse oximetry continuous	Routine, Continuous For Until specified Current FIO2 or Room Air:

Nursing Care

[X]	Strict intake and output for a target of 24 hour NET EVEN balance	Routine, Every hour
[X]	Limit repeated entry to room	Routine, Until discontinued, Starting S For Until specified Batch all care and work with pharmacy and providers to limit repeated entry to patient care room.
[X]	Oral care for intubated patients	Routine, Every 4 hours For intubated patients
[X]	Oral care for non intubated patients	Routine, Every shift For non intubated patients
[ ]	Hemodynamic Monitoring	Routine, Continuous Measure:
[ ]	Measure central venous pressure	Routine, Every 4 hours
[ ]	Telemetry	**"And" Linked Panel**
[ ]	Telemetry monitoring	Routine, Continuous For 3 Days Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
[ ]	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
[ ]	Foley-NOT Recommended if patient able to void	
[ ]	Insert Foley catheter	Routine, Once Type: Temperature Sensing Size: Urinometer needed:
[ ]	Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
[ ]	Neurological assessment	Routine, Every shift Assessment to Perform:
[ ]	Peripheral vascular assessment	Routine, Every 6 hours
[ ]	Elevate HOB	Routine, Until discontinued, Starting S Head of bed: 30 degrees
[ ]	Daily weights	Routine, Daily

Activity (Selection Required)

[X]	Strict bed rest	Routine, Until discontinued, Starting S

[ ] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
[ ] Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance
[ ] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated

COVID-19 Position Care

[ ] ICU proning interventions	Routine, Until discontinued, Starting S Indications for Proning: BIS score 40 to 60 OR RASS - 4?
[ ] Return patient to supine post-proning	Routine, Until discontinued, Starting S

Notify

[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: MAP less than: 65 Heart rate greater than (BPM): 120 Heart rate less than (BPM): 60 Respiratory rate greater than: Respiratory rate less than: SpO2 less than: 92
[X] Notify Physician for any acute changes in patient conditions (mental status, RR, O2 requirement, or other vital sign changes)	Routine, Until discontinued, Starting S For Until specified, For critical values.

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.
( ) 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:
( ) Tube Feeding	

[ ] Tube feeding - continuous	Continuous 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?
[ ] XR Abdomen 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1

IV Fluids-IV Fluids for COVID-19 Should be Minimized

IV Fluids for COVID-19 Should be Minimized

Insert and Maintain IV / Central Line Access

[X] Insert and Maintain IV	**"And" Linked Panel**
[X] Insert peripheral IV	STAT, Once For 1 Occurrences
[X] Saline lock IV	Routine, Once For 1 Occurrences
[X] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
[ ] Consult for Venous Access	Access:

Bolus Fluids (Single Response)

IV Fluids for COVID-19 Should be Minimized

( ) sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses
( ) sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, Administer over: 30 Minutes, once, For 1 Doses
( ) lactated ringer's bolus 500 mL	500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses
( ) lactated ringers bolus 1000 mL	1,000 mL, intravenous, Administer over: 30 Minutes, once, For 1 Doses
( ) albumin human 5 % bottle	25 g, intravenous, Administer over: 15 Minutes, once, For 1 Doses Indication:

Medications

Pharmacy Consults

[X] Pharmacy consult to change IV medications to concentrate fluids maximally	STAT, Until discontinued, Starting S
[ ] Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:

General COVID-19 Treatment (Single Response)

Neither Azithromycin, Hydroxychloroquine nor Ivermectin (or any combination thereof) are viable treatments for COVID-19.

Use of these agents for the treatment of COVID-19 at HM shall be limited only to within the context of a clinical trial.

Contact local Clinical Pharmacy with any questions.

( ) Moderate to Severe COVID-19

Houston Methodist has approved this drug with certain criteria based on those who are most likely to benefit from its use. Please review the following criteria for your patient:

SARS-CoV-2 PCR or Antigen result documented within 10 days
Documented symptom onset within 10 days
REQUIRING SUPPLEMENTAL OXYGEN to maintain SpO2 GREATER than 94% or an SpO2 LESS than or EQUAL to 94% on Room Air without improvement
ALT LESS than 10x the upper limit of normal

Patients may not benefit from remdesivir treatment if they are beyond 10 days from symptom onset

[ ] remdesivir IV Loading and Maintenance Doses - HMH Only	**"Followed by" Linked Panel**
[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, daily at 1100, For 4 Doses NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[ ] remdesivir IV Loading and Maintenance Doses - HMSL Only	**"Followed by" Linked Panel**
[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, every 24 hours, Starting H+24 Hours, For 4 Doses NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[ ] remdesivir IV Loading and Maintenance Doses - HMB Only	**"Followed by" Linked Panel**

[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, daily at 1500, For 4 Doses NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:

[ ] remdesivir IV Loading and Maintenance Doses - HMTW Only **"Followed by" Linked Panel**

[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1100, For 4 Doses NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:

[ ] remdesivir IV Loading and Maintenance Doses - HMCL Only **"Followed by" Linked Panel**

[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, daily at 1300, For 4 Doses NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:

[ ] remdesivir IV Loading and Maintenance Doses - HMWB Only **"Followed by" Linked Panel**

[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, daily at 1500, For 4 Doses NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:

[ ] remdesivir IV Loading and Maintenance Doses - HMW Only **"Followed by" Linked Panel**

[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, daily at 1500, For 4 Doses NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:

[ ] remdesivir IV Loading and Maintenance Doses - HMCCH Only **"Followed by" Linked Panel**

[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[ ] remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, daily at 1500, For 4 Doses NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:

( ) Mild COVID-19

Houston Methodist has approved the use of a 3 day course of remdesivir in patients with mild COVID-19 not admitted to the hospital for COVID related symptoms
Please review the following criteria for your patient:
Patient was NOT hospitalized BECAUSE OF COVID-19 diagnosis and/or symptoms
Patient is currently NOT REQUIRING OXYGEN (or increase in baseline oxygen requirement)
Patient has not received remdesivir in last 90 days
Patient is immunocompromised - OR - > 65 with at least one comorbid condition conferring high risk to progression

If patient was hospitalized BECAUSE OF COVID-19 AND REQUIRING OXYGEN, please see “Moderate to Severe COVID-19”

[ ] Mild - HMB Only	**"Followed by" Linked Panel**
[ ] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1500, Starting S+1, For 2 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] Mild - HMH Only	**"Followed by" Linked Panel**
[ ] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1100, Starting S+1, For 2 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] Mild - HMW Only	**"Followed by" Linked Panel**

[ ] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1500, Starting S+1, For 2 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] Mild - HMWB Only	**"Followed by" Linked Panel**
[ ] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1500, Starting S+1, For 2 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] Mild - HMSL Only	**"Followed by" Linked Panel**
[ ] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:

[ ] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, every 24 hours, Starting S+1, For 2 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] Mild - HMCL Only	**"Followed by" Linked Panel**
[ ] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1300, Starting S+1, For 2 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] Mild - HMCCH Only	**"Followed by" Linked Panel**
[ ] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1000, Starting S+1, For 2 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] Mild - HMTW Only	**"Followed by" Linked Panel**

[ ] remdesivir infusion	200 mg, intravenous, Administer over: 30 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[ ] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1100, For 2 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19: My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:

Immunomodulatory Agents

[ ] Baricitinib (OLUMIANT) for COVID-19 (RESTRICTED)	
[ ] baricitinib (OLUMIANT) tablet (RESTRICTED)	4 mg, oral, daily at 1700, For 14 Doses RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of one? The patient has PCR-confirmed SARS-CoV-2/COVID and is requiring Humidified High-Flow Oxygen (Airvo) support or invasive or non-invasive ventilation. Does the patient have a history of TB? Does the patient have an active bacterial or fungal infection? The patient has an ALC LESS than 200 or ANC LESS than 1000 or hemoglobin LESS than 8: Is this patient on renal replacement therapy? I am aware that baricitinib increases the risk for secondary bacterial and fungal infections.
[ ] QuantiFERON-TB Gold Plus, 4 tube	AM draw For 1 Occurrences
[ ] Coccidioides antibody, IgG/IgM by ELISA	AM draw For 1 Occurrences
[ ] Histoplasma Abs	AM draw For 1 Occurrences
[ ] Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:
[ ] tocilizumab (ACTEMRA) infusion for COVID (RESTRICTED)	8 mg/kg, intravenous, once, For 1 Doses RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of one? Is this a repeat dose? Does the patient have a history of TB? Does the patient have an active bacterial or fungal infection? Does the patient have chronic bowel disease – risk of GI perforation? I am aware that Tocilizumab increases the risk for secondary bacterial and/or fungal infections.

Antibiotics

[ ] azithromycin (ZITHROMAX) IV	intravenous, Administer over: 60 Minutes Reason for Therapy:
[ ] cefepime (MAXIPIME) IV	intravenous Reason for Therapy:

[ ] cefTRIAxone (ROCEPHIN) IV	intravenous, Administer over: 30 Minutes Reason for Therapy:
[ ] linezolid (ZYVOX) IV	intravenous, Administer over: 60 Minutes, every 12 hours Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy:
[ ] piperacillin-tazobactam (ZOSYN) IV	intravenous, Administer over: 30 Minutes Reason for Therapy:
[ ] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Reason for Therapy:
[ ] metronidazole (FLAGYL) IV	intravenous Reason for Therapy:

[ ] vancomycin (VANCOCIN) IV (Single Response)

( ) vancomycin (VANCOCIN) IV - for PERIPHERAL LINE USE ONLY	intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
( ) vancomycin (VANCOCIN) IV - for CENTRAL LINE USE ONLY	intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:

Scheduled Antihypertensives (Single Response)

( ) labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm,Systolic BP LESS than 100 mmHg Contact Physician if:
( ) labetalol (NORMODYNE)	intravenous, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Other Systolic BP Hold for Systolic BP LESS than (in mmHg): 110 Contact Physician if:
( ) metoprolol tartrate (LOPRESSOR) tablet	100 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm,Systolic BP LESS than 100 mmHg Contact Physician if:
( ) metoprolol (LOPRESSOR) injection	5 mg, intravenous BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm,Systolic BP LESS than 100 mmHg Contact Physician if:
( ) hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours BP HOLD parameters for this order: Contact Physician if:

PRN Antihypertensives

[ ] labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg Administer at 2 mg/minute. 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): 55 Contact Physician if:

[ ]	hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg Hold for Heart Rate GREATER than (in bpm): 100 Contact Physician if:

Neuromuscular Blockage (Single Response)

Dose based on Ideal body weight (IBW), unless actual body weight LESS than ideal body weight.

( ) cisatracurium (NIMbex) Continuous Infusion **"Followed by" Linked Panel**

Recommended for patients with renal or hepatic failure.

[ ]	cisatracurium (NIMbex) infusion	1-10 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT** Initiate infusion at 1mcg/kg/min. Titrate by 0.5 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2 of 4, INCREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 10mcg/kg/min.

( ) cisatracurium (NIMbex) IV Bolus and Continuous Infusion **"Followed by" Linked Panel**

Recommended for patients with renal or hepatic failure.

[ ]	cisatracurium (NIMbex) injection	0.15 mg/kg, intravenous, once, For 1 Doses
[ ]	cisatracurium (NIMbex) infusion	1-10 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT** Initiate infusion at 1mcg/kg/min. Titrate by 0.5 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2 of 4, INCREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 10mcg/kg/min.

( ) vecuronium (NORCURON) Continuous Infusion **"Followed by" Linked Panel**

Use caution in patients with renal or hepatic dysfunction

[ ]	vecuronium (NORCURON) 1 mg/mL in sodium chloride 0.9% 100 mL infusion	0.8-1.5 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT** Initiate infusion at 0.8mcg/kg/min. Titrate by 0.1 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2/4, INCREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 1.5mcg/kg/min.

( ) vecuronium (NORCURON) IV Bolus and Continuous Infusion **"Followed by" Linked Panel**

Use caution in patients with renal or hepatic dysfunction

[ ]	vecuronium (NORCURON) in SWFI injection 1 mg/mL	0.1 mg/kg, intravenous, once, For 1 Doses
[ ]	vecuronium (NORCURON) 1 mg/mL in sodium chloride 0.9% 100 mL infusion	0.8-1.5 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT** Initiate infusion at 0.8mcg/kg/min. Titrate by 0.1 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2/4, INCREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 1.5mcg/kg/min.

Vasoactive Drips

[ ]	DOPamine IV infusion	2-10 mcg/kg/min, intravenous, titrated
[ ]	DOButamine (DOBUTREX) infusion	2 mcg/kg/min, intravenous, continuous
[ ]	epINEPHrine infusion	2-30 mcg/min, intravenous, titrated
[ ]	norEPInephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, titrated
[ ]	phenylephrine (NEO-SYNEPHRINE) infusion	5-300 mcg/min, intravenous, titrated
[ ]	vasopressin (VASOSTRICT) infusion for shock	0.04 Units/min, intravenous, continuous
[ ]	milrinone infusion 200 mcg/mL (premixed)	0.125-0.75 mcg/kg/min, intravenous, titrated
[ ]	nitroglycerin infusion	5-200 mcg/min, intravenous, titrated
[ ]	nitroprusside (NIPRIDE) infusion	0.3-8 mcg/kg/min, intravenous, titrated
[ ]	niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated
[ ]	esmolol (BREVIBLOC) infusion	50-200 mcg/kg/min, intravenous, titrated

Sedation

[ ]	propofol (DIPRIVAN) or DEXMEDETomidine (PREcedex) infusion	
[ ]	propofol (DIPRIVAN) infusion	0-50 mcg/kg/min, intravenous, continuous Initiate propofol at 10 mcg/kg/min. After initiation reassess RASS/BIS within 10 min. Titrate for Sedation. LESS than desired sedation effect: Other Specify: INCREASE rate by 5 mcg/kg/min. DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. GREATER than desired sedation effect: DECREASE rate 5 mcg/kg/min while titrating sedation to meet RASS goal, Reassess RASS every 30 minutes If patient requiring GREATER than: 50 mcg/kg/min, Contact MD to re-evaluate sedation therapy
[ ]	dexMEDEtomidine (PREcedex) infusion	0.1-1.5 mcg/kg/hr, intravenous, continuous Generally for mild to moderate sedation. Not for use in patients on neuromuscular blocking agents. NO LOADING DOSE. Initiate dexMEDEtomidine at 0.2 mcg/kg/hr. After initiation reassess RASS within 1 hour. Titrate for Sedation. LESS than desired sedation effect: INCREASE rate by 0.1 mcg/kg/hour. DESIRED sedation effect: GREATER than desired sedation effect: Other (Specify) Specify: DECREASE rate by 0.1 mcg/kg/hour. If patient requiring GREATER than: 1.5 mcg/kg/hr, Contact MD to re-evaluate sedation therapy
[ ]	lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMH, HMSL, HMTW, HMWB, HMSTJ (Single Response)	

( ) lorazepam (ATIVAN) 60 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr lorazepam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation
( ) midazolam (VERSED) 60 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr midazolam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation

[ ] lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMSJ HMSTC Only (Single Response)

( ) LORAZepam (ATIVAN) 60 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr lorazepam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation
( ) MIDAZolam (VERSED) 30 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr midazolam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation

[ ] lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMW Only (Single Response)

( ) LORAZepam (ATIVAN) 30 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr lorazepam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation

( ) MIDAZolam in 0.9% NaCl (VERSED) 1 mg/mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr midazolam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s):

[ ] fentanyl (SUBLIMAZE) or hydromorPHONE (DILAUDID) infusion - HMSJ Only (Single Response)

( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 25mcg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 25 mcg/hr and reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 200 mcg/hr fentanyl, contact MD to re-evaluate sedation therapy
( ) hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr and reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 2 mg/hr hydromorphone, contact MD to re-evaluate sedation therapy Maximum recommended dose 3 mg/hr Allowance for Patient Preference:

[ ] fentanyl (SUBLIMAZE) or hydromorPHONE (DILAUDID) infusion - NOT HMSJ (Single Response)

( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 25mcg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 25 mcg/hr and reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 200 mcg/hr fentanyl, contact MD to re-evaluate sedation therapy
( ) hydromorPHONE (DILAUDID) 15 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr and reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 2 mg/hr hydromorphone, contact MD to re-evaluate sedation therapy Maximum recommended dose 3 mg/hr Allowance for Patient Preference:

Antitussives (Single Response)

( ) guaiFENesin (MUCINEX) 12 hr tablet	1,200 mg, oral, every 12 hours PRN, cough
( ) benzonatate (TESSALON) capsule	200 mg, oral, every 8 hours PRN, cough

Antipyretics

[ ] acetaminophen (TYLENOL) tablet	500 mg, oral, every 4 hours PRN, fever, Fever GREATER than 100.5 F

[ ] acetaminophen (OFIRMEV) injection	1,000 mg, intravenous, Administer over: 15 Minutes, once, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?

Stress Ulcer Prophylaxis (Single Response)

( ) famotidine (PEPCID) IV or ORAL	**"Or" Linked Panel**
[ ] famotidine (PEPCID) injection	20 mg, intravenous, every 12 hours IV or ORAL Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
[ ] famotidine (PEPCID) tablet	20 mg, oral, every 12 hours IV or ORAL
( ) pantoprazole (PROTONIX) IV or ORAL	**"Or" Linked Panel**
[ ] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[ ] 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:
( ) omeprazole (PriLOSEC) suspension	40 mg, Nasogastric, once, For 1 Doses Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

Dexamethasone PO or IV (Single Response)

-Dexamethasone should only be used in COVID-19 patients (a) requiring oxygen supplementation or (b) requiring ventilator support.
-Caution in using steroids early in COVID-19 disease (i.e. symptoms less than 7 days).

( ) dexamethasone (DECADRON) tablet	6 mg, oral, daily, For 10 Doses
( ) dexamethasone (DECADRON) IV	6 mg, intravenous, daily, For 10 Doses
( ) dexamethasone 4 mg/mL oral suspension	6 mg, oral, daily, For 10 Doses

Antiemetics

[ ] ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
[ ] promethazine (PHENERGAN) IVPB or Oral or Rectal	**"Or" Linked Panel**
[ ] 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 (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] 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.
[ ] 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

[ ] ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
[ ] promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ] 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.
[ ] 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.

[ ]	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

[ ]	ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
[ ]	promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ]	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.
[ ]	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.
[ ]	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.

Constipation (Single Response)

( )	bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation
( )	bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
( )	lactulose solution	20 g, oral, every 8 hours PRN, constipation
( )	polyethylene glycol (GLYCOLAX) packet	17 g, oral, daily PRN, constipation
( )	docusate (COLACE) 50 mg/5 mL liquid	100 mg, Nasogastric, 2 times daily PRN, constipation
( )	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily

Eye Care

[ ]	artificial tears ointment	Both Eyes, every 4 hours PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)
[ ]	hypromellose (NATURES TEARS) ophthalmic solution	2 drop, Both Eyes, every 2 hour PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)

Pain/Analgesia

[ ] PRN Mild Pain (Pain Score 1-3) or Fever (Single Response)

(adjust dose for renal/liver function and age)

( ) acetaminophen (TYLENOL) tablet OR oral solution **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, for fever GREATER than 102 F Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[ ]	acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, for fever GREATER than 102 F Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.

[ ] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
[ ]	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:

( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet. Allowance for Patient Preference:

( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
[ ]	HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Use if patient cannot swallow tablet. Allowance for Patient Preference:

( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
[ ]	HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Use if patient can not swallow tablet. Allowance for Patient Preference:
( )	traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day). Give if patient is able to tolerate oral medication Allowance for Patient Preference:

[ ] PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ]	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:

[ ]	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
( )	HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	**"Or" Linked Panel**
	Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
[ ]	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
[ ]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet. Allowance for Patient Preference:
( )	traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day). Give if patient is able to tolerate oral medication Allowance for Patient Preference:

[ ] PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( )	fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
( )	morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
( )	HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed

[ ] PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( )	fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
( )	morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
( )	HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed

[ ] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( )	HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
( )	morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
( )	oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:

[ ] PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
( ) HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
( ) HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
( ) morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
( ) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:

[ ] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( ) fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
( ) morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
( ) HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed

[ ] PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

( ) fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
( ) morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
( ) HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed

Insomnia

[ ] ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep

Respiratory Inhalers

[ ] albuterol (PROAIR HFA) inhaler	2 puff, inhalation, every 4 hours PRN, wheezing MDI with spacer only
[ ] ipratropium (ATROVENT HFA) inhaler	2 puff, inhalation, every 4 hours PRN, wheezing, shortness of breath MDI with spacer only

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 1 (Single Response)

1

VTE/DVT Risk Definitions	URL: "\\epic-nas.et0922.epichosted.com\static\OrderSets\VTEDVTRISKDEFINITIONS.pdf"

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

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

[ ] Moderate risk of VTE	Routine, Once
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[ ] Place sequential compression device (Single Response)	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous

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

[ ] Moderate risk of VTE	Routine, Once
[ ] 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
[ ] 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

( ) LOW Risk of VTE (Selection Required)

[ ] Low Risk (Single Response) (Selection Required)

( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

( ) MODERATE Risk of VTE - Surgical (Selection Required)

[ ] 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 (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

- ( ) High bleed risk — 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
  Indication for lower dose/frequency:
- ( ) Not high bleed risk (Single Response)
  - ( ) Wt > 100 kg — 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
  - ( ) Wt LESS than or equal to 100 kg — 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

( ) warfarin (COUMADIN) (Single Response)

- ( ) WITHOUT pharmacy consult — oral, daily at 1700, Starting S+1
  Indication:
- ( ) WITH pharmacy consult
  - [ ] Pharmacy consult to manage warfarin (COUMADIN) — STAT, Until discontinued, Starting S
    Indication:
  - [ ] warfarin (COUMADIN) tablet — oral, daily at 1700, Starting S+1
    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 VTE - Non-Surgical (Selection Required)

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

- [ ] 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 - 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 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 (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response)	
( ) Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours
( ) Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours
( ) warfarin (COUMADIN) (Single Response)	
( ) WITHOUT pharmacy consult	oral, daily at 1700 Indication:
( ) WITH pharmacy consult	
[ ] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ] warfarin (COUMADIN) tablet	oral, daily at 1700 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 VTE - Surgical (Selection Required)

[ ] 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 VTE - Non-Surgical (Selection Required)

[ ] 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:

[ ] 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 VTE - Surgical (Hip/Knee) (Selection Required)

[ ] 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

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

Low Risk Definition Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:
Patient already adequately anticoagulated 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 Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Age 60 and above Severe fracture of hip, pelvis or leg
Central line Acute spinal cord injury with paresis
History of DVT or family history of VTE Multiple major traumas
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER
Less than fully and independently ambulatory Acute ischemic stroke
Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

Anticoagulation Guide for COVID patients

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

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

[ ] Moderate risk of VTE	Routine, Once
[ ] 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
[ ] 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

( ) LOW Risk of VTE (Selection Required)

[ ] Low Risk (Single Response) (Selection Required)

( ) Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

( ) MODERATE Risk of VTE - Surgical (Selection Required)

[ ] 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 (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk — 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
Indication for lower dose/frequency:

( ) Not high bleed risk (Single Response)

( ) Wt > 100 kg — 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

( ) Wt LESS than or equal to 100 kg — 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

( ) warfarin (COUMADIN) (Single Response)

( ) WITHOUT pharmacy consult — oral, daily at 1700, Starting S+1
Indication:

( ) WITH pharmacy consult

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

[ ] warfarin (COUMADIN) tablet — oral, daily at 1700, Starting S+1
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 VTE - Non-Surgical (Selection Required)

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

[ ] 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 - 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 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 (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response)	
( ) Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours
( ) Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours

( ) warfarin (COUMADIN) (Single Response)

( ) WITHOUT pharmacy consult	oral, daily at 1700 Indication:

( ) WITH pharmacy consult

[ ]	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ]	warfarin (COUMADIN) tablet	oral, daily at 1700 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 VTE - Surgical (Selection Required)

[ ] 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 VTE - Non-Surgical (Selection Required)

[ ] 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:

[ ] 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 VTE - Surgical (Hip/Knee) (Selection Required)

[ ] 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

VTE Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:
Patient already adequately anticoagulated 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 Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Age 60 and above Severe fracture of hip, pelvis or leg
Central line Acute spinal cord injury with paresis
History of DVT or family history of VTE Multiple major traumas
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER
Less than fully and independently ambulatory Acute ischemic stroke
Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

Anticoagulation Guide for COVID patients

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

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

[ ] Moderate risk of VTE	Routine, Once
[ ] 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

[ ] 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

( ) LOW Risk of VTE (Selection Required)

[ ] Low Risk (Single Response) (Selection Required)

( ) 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 Required)

[ ] 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 (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk — 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
Indication for lower dose/frequency:

( ) Not high bleed risk (Single Response)

( ) Wt > 100 kg — 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

( ) Wt LESS than or equal to 100 kg — 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

( ) warfarin (COUMADIN) (Single Response)

( ) WITHOUT pharmacy consult — oral, daily at 1700, Starting S+1
Indication:

( ) WITH pharmacy consult

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

[ ] warfarin (COUMADIN) tablet — oral, daily at 1700, Starting S+1
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 (Selection Required)

[ ] Moderate risk of VTE — Routine, Once

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

( ) Contraindications exist for pharmacologic prophylaxis - 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 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 (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response)	
( ) Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours
( ) Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours

( ) warfarin (COUMADIN) (Single Response)

( ) WITHOUT pharmacy consult	oral, daily at 1700 Indication:
( ) WITH pharmacy consult	
[ ] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[ ]	warfarin (COUMADIN) tablet	oral, daily at 1700 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	
[ ]	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:

VTE Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:
Patient already adequately anticoagulated 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 Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
Age 60 and above Severe fracture of hip, pelvis or leg
Central line Acute spinal cord injury with paresis
History of DVT or family history of VTE Multiple major traumas
Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER
Less than fully and independently ambulatory Acute ischemic stroke
Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

Anticoagulation Guide for COVID patients

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

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

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

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

[ ] Place sequential compression device (Single Response)

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

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

[ ] Moderate risk of VTE	Routine, Once
[ ] 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

[ ] 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

( ) LOW Risk of VTE (Selection Required)

[ ] Low Risk (Single Response) (Selection Required)

( ) Low risk of VTE — Routine, Once
Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

( ) MODERATE Risk of VTE - Surgical (Selection Required)

[ ] 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 (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk — 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
Indication for lower dose/frequency:

( ) Not high bleed risk (Single Response)

( ) Wt > 100 kg — 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

( ) Wt LESS than or equal to 100 kg — 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

( ) warfarin (COUMADIN) (Single Response)

( ) WITHOUT pharmacy consult — oral, daily at 1700, Starting S+1
Indication:

( ) WITH pharmacy consult

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

[ ] warfarin (COUMADIN) tablet — oral, daily at 1700, Starting S+1
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 VTE - Non-Surgical (Selection Required)

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

[ ] 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 - 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 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 (Single Response)

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response)	
( ) Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours
( ) Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours

( ) warfarin (COUMADIN) (Single Response)

( ) WITHOUT pharmacy consult	oral, daily at 1700 Indication:

( ) WITH pharmacy consult

[ ]	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ]	warfarin (COUMADIN) tablet	oral, daily at 1700 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 VTE - Surgical (Selection Required)

[ ] 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 VTE - Non-Surgical (Selection Required)

[ ] 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:

[ ] 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 VTE - Surgical (Hip/Knee) (Selection Required)

[ ] 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

Laboratory-Admission

[X]	CBC with platelet and differential	STAT For 1 Occurrences
[X]	Comprehensive metabolic panel	STAT For 1 Occurrences
[X]	Prothrombin time with INR	STAT For 1 Occurrences

[X]	Partial thromboplastin time, activated (PTT)	STAT For 1 Occurrences
[X]	Troponin T	STAT For 1 Occurrences
[X]	NT-proBNP	STAT For 1 Occurrences
[X]	Myoglobin	STAT For 1 Occurrences
[X]	Procalcitonin	STAT For 1 Occurrences
[X]	Creatine kinase, total (CPK)	STAT For 1 Occurrences
[ ]	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.
[ ]	hCG qualitative, urine screen	STAT For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

Laboratory-Inflammatory Bundle

[X]	C-reactive protein	Once
[X]	Interleukin 6	Once
[X]	Ferritin level	Once
[X]	D-dimer	Once
[X]	LDH	Once
[X]	Triglycerides	Once
[X]	Fibrinogen	Once
[ ]	Lactic acid level - Now and repeat 2x every 3 hours	Now and repeat 2x every 3 hours For 3 Occurrences
[ ]	Prothrombin time with INR	Once
[ ]	Partial thromboplastin time, activated	Once

Laboratory-Daily Repeat

[X]	CBC with platelet and differential	AM draw repeats For 3 Occurrences
[X]	Comprehensive metabolic panel	AM draw repeats For 3 Occurrences
[ ]	Additional Daily labs-Critical Illness/Clinical Deterioration	

ADDITIONAL DAILY LABS for Critical Illness/Clinical Deterioration

[ ]	Troponin T	AM draw repeats, Starting S+1 For 3 Occurrences
[ ]	D-dimer	AM draw repeats, Starting S+1 For 3 Occurrences
[ ]	C-reactive protein	AM draw repeats, Starting S+1 For 3 Occurrences
[ ]	LDH	AM draw repeats, Starting S+1 For 3 Occurrences
[ ]	Ferritin level	AM draw repeats, Starting S+1 For 3 Occurrences

Laboratory-Type and Screen

[X]	Type and screen	STAT For 1 Occurrences

Cardiology

Cardiology

[X]	ECG 12 lead upon admission	Routine, STAT For 1 Occurrences Clinical Indications: Rate/Rhythm Interpreting Physician:
[ ]	ECG 12 lead daily	Routine, Daily For 3 Occurrences Clinical Indications: Interpreting Physician:
[ ]	Transthoracic Echocardiogram Complete, (w Contrast, Strain and 3D if needed)	Routine, 1 time imaging, Starting S at 1:00 AM

Imaging

CXR

[X] XR Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
[ ] Daily XR Chest 1 Vw Portable	Routine, Daily imaging, Starting S+1 For Until specified Consider daily CXR for the following patients: Age > 70, BMI > 40, or Increasing O2 requirements on the floor.

Respiratory

Respiratory

Click here for COVID-19 Oxygen therapy algorithm	URL: "\\epic-nas.et0922.epichosted.com\static\OrderSets\COVID19 Hypoxemia Algorithm.pdf"
[ ] Mechanical ventilation	Routine Mechanical Ventilation: Vent Management Strategies: Adult Respiratory Ventilator Protocol
[ ] Oxygen therapy-	Routine, Continuous Device: Titrate to keep O2 Sat Above: Indications for O2 therapy: Device 2: Device 3: Indications for O2 therapy:
[ ] Incentive spirometry	Routine, Every 2 hours while awake

Physician Consults

Physician Consults

Consider using these consults to assist with management of the COVID-19 positive patient.

[ ] Consult Infectious Diseases for moderate to severe COVID-19 patient	Reason for Consult? Management of COVID-19 positive patient Patient/clinical information communicated?
[ ] Consult Hematology and Oncology for suspected Cytokine Storm	Reason for Consult? Management of COVID-19 positive patient with suspected Cytokine Storm Patient/clinical information communicated?
[ ] Consult Pulmonary/Crit Care for respiratory insufficiency	Reason for Consult? Management of COVID-19 positive patient with respiratory insufficiency Patient/clinical information communicated?
[ ] Consult Nephrology/Hyperten	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?

Ancillary Consults

Ancillary Consults

[ ] 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 Nutrition Services	Reason For Consult? Purpose/Topic:	
[ ] Consult to Spiritual Care	Reason for consult?	
[ ] Consult to Social Work	Reason for Consult:	
[ ] Consult to Case Management	Consult Reason:	