COVID-19 Adult General Admission [4431]

Click here for treatment algorithm	URL: "https://fparchives.com/houstonmethodist/documents/HM%20COVID%20algorithm.pdf"
Click here for appropriate isolation precautions as recommended by infection control	URL: "https://www.houstonmethodist.org/-/media/pdf/for-patients/Coronavirus/HM_COVID_InfectionControlGuidance.pdf"

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.

Admission or Observation (Single Response) (Selection Required)

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

Admission or Observation (Single Response)
Patient has 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.
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Admission or Observation (Single Response) (Selection Required)

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

Admission or Observation (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.

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

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:

Isolation (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:

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

Nursing

[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.
[ ] Intake and output every shift	Routine, Every shift
[ ] Incentive spirometry	Routine, Once
[ ] 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
[ ] Daily weights	Routine, Daily

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 (Selection Required)

[ ] 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 after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient.
[ ] Diet- Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet- Clear Liquid	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet- Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:

IV Fluids-IV fluids for COVID-19 should be minimized.

Insert and Maintain IV / Central line access. IV fluids for COVID-19 Should be Minimized.

[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:

Medications

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:
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[ ] 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:
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[ ] 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:
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( ) 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:

Antipyretics

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

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

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

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.

sodium chloride 0.9% bag for line care

[ ]	sodium chloride 0.9% bag for line care	250 mL, intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.

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

VTE

.

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-COVID-19 Admission labs

[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] 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-COVID-19 Inflammatory bundle

[X] C-reactive protein	Once
[X] Interleukin 6	Once
[X] Ferritin level	Once
[X] D-dimer	Once
[X] LDH	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

Respiratory

Respiratory

Avoid BiPAP and CPAP to avoid aerosolization of virus

Click here for COVID-19 Oxygen therapy algorithm	URL: "\\epic-nas.et0922.epichosted.com\static\OrderSets\COVID19 Hypoxemia Algorithm.pdf"

[ ]	Oxygen therapy	Routine, Continuous Device: High Flow Nasal Cannula (HFNC) Rate in liters per minute: Rate in liters per minute: O2 %: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Keep HFNC flow under 30L/min

Cardiology

Cardiology

ECG on admission to ICU for baseline QTc and daily if on multiple agents that prolong QTc.

[ ]	ECG 12 lead	Routine, STAT For 1 Occurrences Clinical Indications: Rate/Rhythm Interpreting Physician:
[ ]	ECG 12 lead	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

Imaging

[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.

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 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

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:

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: