

General

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.

- 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.

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

Admission (Single Response)

Patient has active status order on file.

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

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

Admission or Observation (Single Response)

Patient has status order on file

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

Code Status

@CERMSGREFRESHOPT(674511:21703,,,1)@

Code Status (Single Response)

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

- | | |
|---|---|
| <input type="checkbox"/> Full code | Code Status decision reached by: |
| <input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required) | |
| <input type="checkbox"/> DNR (Do Not Resuscitate) | Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity? |
| <input type="checkbox"/> Consult to Palliative Care Service | |
| <input type="checkbox"/> Consult to Palliative Care Service | Priority:
Reason for Consult?
Order?
Name of referring provider:
Enter call back number: |
| <input type="checkbox"/> Consult to Social Work | Reason for Consult: |
| <input type="checkbox"/> Modified Code | Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Modified Code restrictions: |
| <input type="checkbox"/> Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) | I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.
Treatment Restriction decision reached by:
Specify Treatment Restrictions: |

Isolation

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

Precautions

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Neutropenic precautions | Details |
| <input type="checkbox"/> Aspiration precautions | Details |
| <input type="checkbox"/> Fall precautions | Increased observation level needed: |
| <input type="checkbox"/> Seizure precautions | Increased observation level needed: |

Nursing

Vital Signs

<input type="checkbox"/> Vital signs	Routine, Every shift
<input type="checkbox"/> Pulse oximetry	Routine, Every 4 hours Current FIO2 or Room Air:

Activity

<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: in hall,with assistance Out of room with mask on.

Nursing Care

<input type="checkbox"/> Telemetry	"And" Linked Panel
<input type="checkbox"/> 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
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
<input type="checkbox"/> Intake and output	Routine, Daily
<input type="checkbox"/> Height and weight	Routine, Once
<input type="checkbox"/> Daily weights	Routine, Daily Every day at 6am
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
<input type="checkbox"/> Gastric tube maintenance	Routine, Until discontinued, Starting S Drainage: Intervention:
<input type="checkbox"/> Check residual per nursing protocol	Routine, Every 2 hours If on tube feeds, until evaluated by dietary. Call provider if greater than 200 milliliter.
<input type="checkbox"/> No injections - IM	Routine, Until discontinued, Starting S Type of injection: IM
<input type="checkbox"/> No rectal temperatures or suppositories	Routine, Until discontinued, Starting S Reason for "No" order:

IV Access

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

<input type="checkbox"/> Ok to use - central line	Routine, Until discontinued, Starting S Device: Central Line Including Portacath, PICC, and Hickman.
<input type="checkbox"/> PICC insertion request	Routine, Once Unit call back number: Reason for PICC insertion: Transport Method:
<input type="checkbox"/> IR Consult To Interventional Radiology	Routine Please acknowledge reason for placing this order? Is the patient pregnant? What are the patient's sedation requirements? What is the expected date for Procedure? What exam is being requested? Physician contact number:

Notify

<input checked="" type="checkbox"/> Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.4 Temperature less than: Systolic BP greater than: 150 Systolic BP less than: 80 Diastolic BP greater than: 100 Diastolic BP less than: 50 MAP less than: Heart rate greater than (BPM): 130 Heart rate less than (BPM): Respiratory rate greater than: 25 Respiratory rate less than: 10 SpO2 less than: 90 If patient is in severe pain, pain score of 7 to 10.
<input type="checkbox"/> Notify Provider of admission and room number	Routine, Once For 1 Occurrences, of admission and room number.

Diet

<input type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Full liquids	Diet effective now, Starting S Diet(s): Full Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Easy to digest (GERD)	Diet effective now, Starting S Diet(s): Easy to digest (GERD) Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:

<input type="checkbox"/> Diet - Neutropenic	Diet effective now, Starting S Diet(s): Neutropenic/Low Bacteria Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> 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.
<input type="checkbox"/> Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed?

IV Fluids

IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	100 mL/hr, intravenous, continuous
<input type="checkbox"/> dextrose 5% 1000 mL with sodium acetate 100 mEq injection	100 mL/hr, intravenous, continuous Per HM policy, sodium infusions greater than 154mEq/L require an independent double check. Does this infusion contain greater than 154mEq/L of total sodium?
<input type="checkbox"/> sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	100 mL/hr, intravenous, continuous
<input type="checkbox"/> Custom IV Fluid	100 mL/hr, intravenous, continuous Per HM policy, sodium infusions greater than 154mEq/L require an independent double check. Does this infusion contain greater than 154mEq/L of total sodium?

Medications

Pharmacy Consults

<input type="checkbox"/> Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S For Until specified Adjust dose for:
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Restricted Medications

<input type="checkbox"/> No NSAIDs EXcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
<input type="checkbox"/> No NSAIDs INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
<input type="checkbox"/> No anti-platelet agents EXcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
<input type="checkbox"/> No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:

Medications Oral

<input type="checkbox"/> famotidine (PEPCID) tablet	20 mg, oral, 2 times daily
<input type="checkbox"/> pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> acyclovir (ZOVIRAX) capsule	400 mg, oral, 2 times daily Reason for Therapy:

<input type="checkbox"/>	allopurinol (ZYLOPRIM) tablet	300 mg, oral, daily
<input type="checkbox"/>	clotrimazole (MYCELEX) troche	10 mg, buccal, 4 times daily Dissolve in mouth
<input type="checkbox"/>	docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
<input type="checkbox"/>	fluconazole (DIFLUCAN) tablet	200 mg, oral, daily Reason for Therapy:
<input type="checkbox"/>	levofloxacin (LEVAQUIN) tablet	500 mg, oral, daily at 0600 Reason for Therapy:
<input type="checkbox"/>	nystatin (MYCOSTATIN) suspension	5 mL, oral, every 4 hours Reason of Therapy:
<input type="checkbox"/>	valACYclovir (VALTREX) tablet	500 mg, oral, daily Reason for Therapy:
<input type="checkbox"/>	posaconazole (NOXAFIL) tablet	300 mg, oral, 2 times daily with meals RESTRICTED to Infectious Diseases (ID) and Hematology/Oncology (Heme/Onc) specialists. Are you an ID or Heme/Onc specialist or ordering on behalf of one? Reason for Therapy:

Constipation - NOT HMSJ

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

Constipation - HMSJ Only

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

Medications PRN

<input type="checkbox"/>	benadryl/lidocaine/maalox (MAGIC MOUTHWASH) suspension	5 mL, Swish & Spit, every 4 hours PRN, mucositis
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Antiemetics PRN

<input checked="" type="checkbox"/>	ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/>	ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/>	ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/>	promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/>	promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/>	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/>	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics PRN

<input checked="" type="checkbox"/>	ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
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<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

sodium chloride 0.9% bag for line care

<input checked="" type="checkbox"/> sodium chloride 0.9% bag for line care	250 mL, intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.
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VTE

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/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

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

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

Moderate risk of VTE Routine, Once

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

Place sequential compression device (Single Response)

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

<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
<input type="checkbox"/>	For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
<input type="checkbox"/>	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
<input type="checkbox"/>	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):
<input type="checkbox"/>	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	
<input type="checkbox"/>	High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency:
<input type="checkbox"/>	Not high bleed risk (Single Response)	
<input type="checkbox"/>	Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1
<input type="checkbox"/>	Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/>	warfarin (COUMADIN) (Single Response)	
<input type="checkbox"/>	WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/>	WITH pharmacy consult	

<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/>	Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	MODERATE Risk of VTE - Non-Surgical (Selection Required)	
<input type="checkbox"/>	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)	
<input type="checkbox"/>	Moderate Risk (Selection Required)	
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once
<input type="checkbox"/>	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
<input type="checkbox"/>	For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
<input type="checkbox"/>	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
<input type="checkbox"/>	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/>	heparin (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

<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (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	
<input type="checkbox"/> High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency:
<input type="checkbox"/> Not high bleed risk (Single Response)	
<input type="checkbox"/> Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1
<input type="checkbox"/> Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> warfarin (COUMADIN) (Single Response)	
<input type="checkbox"/> WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> WITH pharmacy consult	
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of VTE - Non-Surgical (Selection Required)	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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 (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 (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:

<input type="checkbox"/> Not high bleed risk (Single Response)	
<input type="checkbox"/> Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1
<input type="checkbox"/> Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> Rivaroxaban and Pharmacy Consult (Selection Required)	
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
<input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<input type="checkbox"/> warfarin (COUMADIN) (Single Response)	
<input type="checkbox"/> WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> WITH pharmacy consult	
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

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/C
OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

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

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

<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
<input type="checkbox"/>	For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
<input type="checkbox"/>	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
<input type="checkbox"/>	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):
<input type="checkbox"/>	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	
<input type="checkbox"/>	High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency:
<input type="checkbox"/>	Not high bleed risk (Single Response)	
<input type="checkbox"/>	Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/>	Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/>	warfarin (COUMADIN) (Single Response)	
<input type="checkbox"/>	WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/>	WITH pharmacy consult	

<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/>	Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	MODERATE Risk of DVT - Non-Surgical (Selection Required)	
<input type="checkbox"/>	Moderate Risk (Selection Required)	
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once
<input type="checkbox"/>	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
<input type="checkbox"/>	For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
<input type="checkbox"/>	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
<input type="checkbox"/>	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/>	heparin (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 (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:

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 (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:

() 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 (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

Rivaroxaban and Pharmacy Consult (Selection Required)

- | | |
|--|--|
| <input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | 10 mg, oral, daily at 0600 (TIME CRITICAL)
Indications: VTE prophylaxis |
| <input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy | STAT, Until discontinued, Starting S
Indications: VTE prophylaxis |

warfarin (COUMADIN) (Single Response)

- | | |
|---|---|
| <input type="checkbox"/> WITHOUT pharmacy consult | oral, daily at 1700, Starting S+1
Indication: |
| <input type="checkbox"/> WITH pharmacy consult | |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S
Indication: |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1
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)

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

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

- | | |
|---|---------------|
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |
|---|---------------|

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

<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours	
<input type="checkbox"/>	For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
<input type="checkbox"/>	For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
<input type="checkbox"/>	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):
<input type="checkbox"/>	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	
<input type="checkbox"/>	High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency:
<input type="checkbox"/>	Not high bleed risk (Single Response)	
<input type="checkbox"/>	Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1
<input type="checkbox"/>	Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/>	warfarin (COUMADIN) (Single Response)	
<input type="checkbox"/>	WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/>	WITH pharmacy consult	
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/>	Mechanical Prophylaxis (Single Response) (Selection Required)	

<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> MODERATE Risk of VTE - Non-Surgical (Selection Required)		
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Selection Required)		
<input type="checkbox"/> Moderate Risk (Selection Required)		
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once
<input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours		
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous		
<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
<input type="checkbox"/>	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (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

<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
<input type="checkbox"/> fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (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	
<input type="checkbox"/> High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency:
<input type="checkbox"/> Not high bleed risk (Single Response)	
<input type="checkbox"/> Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1
<input type="checkbox"/> Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> warfarin (COUMADIN) (Single Response)	
<input type="checkbox"/> WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> WITH pharmacy consult	
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/> HIGH Risk of VTE - Non-Surgical (Selection Required)	
<input type="checkbox"/> High Risk (Selection Required)	
<input type="checkbox"/> High risk of VTE	Routine, Once
<input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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 (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 (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:

<input type="checkbox"/> Not high bleed risk (Single Response)	
<input type="checkbox"/> Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1
<input type="checkbox"/> Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> Rivaroxaban and Pharmacy Consult (Selection Required)	
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
<input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
<input type="checkbox"/> warfarin (COUMADIN) (Single Response)	
<input type="checkbox"/> WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> WITH pharmacy consult	
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

Labs

Hematology

<input type="checkbox"/> CBC with differential	Once
<input type="checkbox"/> Reticulocyte count	Once

Coagulation

<input type="checkbox"/> D-dimer, quantitative	Once
<input type="checkbox"/> Fibrinogen	Once
<input type="checkbox"/> Partial thromboplastin time	Once
<input type="checkbox"/> Prothrombin time with INR	Once

Chemistry

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input type="checkbox"/> Hepatic function panel	Once
<input type="checkbox"/> Acute viral hepatitis panel (HAV, HBV, HCV)	Once
<input type="checkbox"/> Lactate dehydrogenase, LDH	Once
<input type="checkbox"/> Magnesium	Once
<input type="checkbox"/> Phosphorus	Once
<input type="checkbox"/> Uric acid	Once

Urine

<input type="checkbox"/> hCG qualitative, urine	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
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Microbiology

<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
<input type="checkbox"/> Blood culture x 2	"And" Linked Panel

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

Blood Bank

<input type="checkbox"/> Type and screen	Once
--	------

AM Labs X 3 Days

<input type="checkbox"/> CBC with differential	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> Basic metabolic panel	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> Magnesium	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> Phosphorus	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> Calcium	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> Hepatic function panel	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> Uric acid	AM draw repeats, Starting S+1 For 3 Occurrences
<input type="checkbox"/> Lactate dehydrogenase, LDH	AM draw repeats, Starting S+1 For 3 Occurrences

Imaging

MRI/MRA

<input type="checkbox"/> MRI Brain W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

CT Head/Sinus

<input type="checkbox"/> CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CT Sinus Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

CT Chest

<input type="checkbox"/> CT Chest W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CT Chest Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CTA Chest W Wo Contrast And Abdomen W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

CT Abdomen

<input type="checkbox"/> CT Abdomen W Contrast (Omnipaque)	"And" Linked Panel For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).
<input type="checkbox"/> CT Abdomen W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/> CT Abdomen WO Contrast (Omnipaque)	"And" Linked Panel For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).
<input type="checkbox"/> CT Abdomen Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/> CT Abdomen WO Contrast (Readi-Cat)	"And" Linked Panel Ordered as secondary option for those with iodine allergies.
<input type="checkbox"/> CT Abdomen Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

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

X-Ray

<input type="checkbox"/>	Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Nuclear Medicine

<input type="checkbox"/>	NM Bone Scan Whole Body	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	NM Lung Ventilation Perfusion	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	PET CT Whole Body	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Respiratory

Oxygen Therapy

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

For Physician Consult orders use sidebar

Ancillary Consults

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

Consult to Respiratory Therapy

Reason for Consult?