

() Code Status - DNR [COD1]

Routine

This code status was determined via my personal conversation with:

Date:

You are indicating that patient does not want to be resuscitated. You must document how this information was determined.

Admit / Transfer / Discharge

Transfer - Patient has an active admit order [100241]

Inpatient: Expected length of stay 2 or more midnights.

Observation Status: Patients may need to be admitted to Observation Status when additional time is required to determine the need for other interventions and the patient is expected to stay fewer than 2 midnights.

Bedded Outpatient: Pertains to Outpatient Procedures Only. A "bedded outpatient" is a post-procedure patient requiring additional routine recovery time in a hospital bed.

Transfer Patient to CVMU [ADT7]

Once

Service: Cardiology

Requested Location? CVMU - Cardiovascular Medical Unit

Telemetry Unit Needed:

Transfer Patient to CVICU [ADT7]

Once

Service: Cardiology

Requested Location? CVICU - Cardiovascular ICU

Telemetry Unit Needed:

Change Admission Status to [ADT3040113]

Once

Admission Status:

Reason for admit status change:

Service:

Requested Location?

Admission - Patient does NOT have an active admit order (Single Response) [12602]

Inpatient: Expected length of stay 2 or more midnights.

Observation Status: Patients may need to be admitted to Observation Status when additional time is required to determine the need for other interventions and the patient is expected to stay fewer than 2 midnights.

Bedded Outpatient: Pertains to Outpatient Procedures Only. A "bedded outpatient" is a post-procedure patient requiring additional routine recovery time in a hospital bed.

Admit/Refer To CVMU [ADT1]

Once

Admission Status:

Planned Admission Status:

Service: Cardiology

Attending MD:

Diagnosis: Acute coronary syndrome (HCC)

Requested Location? UH (CVMU) Cardiovascular Medical Unit

Anticipated Length of Stay (including time in ED and Observation): 2 or more midnights

() Admit/Refer To CVICU [ADT1]

Once
Admission Status:
Planned Admission Status:
Service: Cardiology
Attending MD:
Diagnosis: Acute coronary syndrome (HCC)
Requested Location? CVICU - Cardiovascular ICU
Anticipated Length of Stay (including time in ED and Observation): 2 or more midnights

Core Measure Orders

VTE Prophylaxis [12221]

Padua Risk Score
VTE Risk Factors Points
Active Cancer 3
Immobility > 72 hrs 3
Known thrombophilic disorder 3
Recent trauma or surgery (< 4 weeks) 2
Age > 70 years 1
Cardiac or respiratory failure 1
Acute myocardial infarction or stroke 1
Acute infection and/or rheumatologic disorder 1
Obesity (BMI > 30) 1
Ongoing hormone therapy 1

- Greater than or equal to 4 points -- pharmacologic VTE prophylaxis is indicated. If high risk of bleeding, use mechanical prophylaxis.
- Less than 4 points -- pharmacologic VTE prophylaxis not indicated, consider mechanical prophylaxis.

[J Thromb Haemost 2010; 8: 2450-7](#)

URL: "http://onlinelibrary.wiley.com/doi/10.1111/j.1538-7836.2010.04044.x/pdf"

| | |
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| <input type="checkbox"/> Low Risk of VTE [COR41] | Routine, Once |
| <input checked="" type="checkbox"/> Pharmacological Prophylaxis (Single Response) [21232] | |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection [300100] | 40 mg, Subcutaneous, Every 24 hours, Routine |
| <input type="checkbox"/> heparin injection [300581] | 5,000 Units, Subcutaneous, Every 8 hours, Routine |
| <input type="checkbox"/> heparin injection for patients BMI greater than or equal to 40 kg / m2 [300581] | 7,500 Units, Subcutaneous, Every 8 hours, Routine For patients BMI greater than or equal to 40 kg / m2 |
| <input checked="" type="checkbox"/> Non-Pharmacological Prophylaxis [12223] | |
| <input type="checkbox"/> Sequential Compression Device Bilateral Knee Length [NUR304615] | Routine, Continuous Laterality? Bilateral Length: Knee Length |
| <input type="checkbox"/> Sequential Compression Device Bilateral Thigh Length [NUR304615] | Routine, Continuous Laterality? Bilateral Length: Thigh Length |
| <input type="checkbox"/> Plexi-Pulse Boot [NUR304613] | Routine, Continuous Laterality? Location: |
| <input type="checkbox"/> No VTE Prophylaxis Because... [COR132] | Routine, Once Reason for No Pharmacological VTE Prophylaxis: Reason for NO Mechanical VTE Prophylaxis: |

Communication Orders

Communication [101541]

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|--|---|
| <input checked="" type="checkbox"/> Communication Order MD to Nursing - For chest pain: Call House Officer, Obtain a STAT 12 lead ECG, Give SL NTG x 1 [NUR304127] | Routine, Continuous For chest pain: Call House Officer, Obtain a STAT 12 lead ECG, Give SL NTG x 1 |
| <input checked="" type="checkbox"/> Communication Order MD to Nursing - Order an ECG with every Troponin I lab draw. [NUR304127] | Routine, Continuous Order an ECG with every Troponin I lab draw. |

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| <input checked="" type="checkbox"/> Notify Provider - Hemodynamic Parameters [NUR183] | Routine, Continuous Temperature greater than: 38.4 Temperature less than: Systolic BP greater than: 160 Systolic BP lower than: 90 Diastolic BP greater than: Diastolic BP less than: Heart rate greater than: 120 Heart rate less than: 50 Respiratory rate greater than: 24 Respiratory rate less than: 10 SpO2 less than: 90 Other: Change in mental status |
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Patient Care

Nursing Assessments [100197]

Continuous Cardiac Monitor to be used for patients in ICU
Telemetry Monitor to be used for patients on the Floor

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| <input checked="" type="checkbox"/> Vital signs [NUR490] | Routine, Every 4 hours Per Guideline |
| <input type="checkbox"/> Pulse Oximetry - Nursing Continuous [NUR586] | Routine, Continuous |
| <input checked="" type="checkbox"/> Height/Length [NUR616] | Routine, Once On admission |
| <input checked="" type="checkbox"/> Intake and Output Strict [NUR467] | Routine, Continuous Strict |
| <input checked="" type="checkbox"/> Weight [NUR494] | Routine, Daily |
| <input type="checkbox"/> TELEMETRY PANEL [143014] | |
| <input type="checkbox"/> Communication Order MD to Nursing - Nursing to discontinue Telemetry order upon expiration of the order [NUR304127] | Routine, Once For 1 Occurrences Nursing to discontinue Telemetry order upon expiration of the order and remove the monitor from the patient. |
| <input type="checkbox"/> Telemetry Monitoring [NUR225] | Routine, Continuous Indication For Telemetry: Decompensated heart failure (Indefinite) May remove when off ward: Yes May remove for showers: Yes Not indicated for PE without hemodynamic instability, COPD exacerbation, GI bleed, anemia, chronic arrhythmia, chronic premature beats, 1st degree AV block, mild electrolyte abnormalities, CKD, sepsis without shock, alcohol withdrawal. For patients considered to be high risk for clinical deterioration who do not meet the above listed indications, consider more frequent vital sign monitoring. |
| <input type="checkbox"/> Continuous Cardiac Monitor [NUR436] | Routine, Continuous |

Nursing Interventions [101542]

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| <input checked="" type="checkbox"/> Tobacco Cessation Education [NUR502] | Routine, Once |
| <input type="checkbox"/> POC Fingerstick Glucose [POC005] | Before meals & bedtime - Lab |
| <input type="checkbox"/> POC Fingerstick Glucose [POC005] | Every 6 hours - Lab |
| <input checked="" type="checkbox"/> Peripheral IV [NUR1] | Routine, Continuous IV Gauge: IV Gauge: |
| <input type="checkbox"/> Urinary Catheter Indwelling [NUR380] | Routine, Continuous Urinary Catheter Type? Indwelling To Down Drain? Reason for inserting catheter: Discontinue Urinary Catheter: |

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| <input type="checkbox"/> Urinary Catheter - Straight Cath [NUR385] | Routine, Once PRN Reason? |
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Activity [101543]

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| <input checked="" type="checkbox"/> Up with Assistance [NUR131] | Routine, Continuous PRN Reason? |
| <input type="checkbox"/> Precautions Fall Risk [PRE6] | Now Fall Reduction Program Precaution Type: Fall Risk |
| <input type="checkbox"/> Ambulate Patient [NUR11] | Routine, 3 times daily May Ambulate with Pulmonary Artery Catheter: |
| <input type="checkbox"/> Bedrest [NUR162] | Routine, Continuous |
| <input type="checkbox"/> Bedrest Strict [NUR162] | Routine, Continuous Strict |
| <input type="checkbox"/> Bedrest with Bathroom Privileges [NUR25] | Routine, Continuous |
| <input type="checkbox"/> Commode at Bedside [NUR40] | Routine, Continuous Until patient can ambulate |
| <input type="checkbox"/> Up ad lib [NUR129] | Routine, Continuous |
| <input type="checkbox"/> Up in Chair [NUR130] | Routine, 3 times daily |

Nutrition Services

Diet - Patient does NOT have an active diet order (Single Response) [101544]

| | |
|--|--|
| <input type="checkbox"/> NPO [DIET41] | Routine, Continuous Special Instructions: except for medications |
| <input checked="" type="checkbox"/> Cardiac Diet [DIET3040117] | Routine, Continuous Diet Modifiers: Liquid Consistency Modifiers: Calorie Controlled Modifiers: Dietary Potassium: Dietary Protein: Diabetic Carbohydrate Counting: Consistency: Dietary Allergies: |
| <input type="checkbox"/> Regular Diet [DIET3040139] | Routine, Continuous Diet Modifiers: Liquid Consistency Modifiers: Calorie Controlled Modifiers: Dietary Sodium: Dietary Fat: Dietary Potassium: Dietary Protein: Diabetic Carbohydrate Counting: Consistency: Dietary Allergies: |
| <input type="checkbox"/> Diabetic Diet [DIET16] | Routine, Continuous Diabetic Carbohydrate Counting: Diet Modifiers: Liquid Consistency Modifiers: Calorie Controlled Modifiers: Dietary Sodium: Dietary Fat: Dietary Potassium: Dietary Protein: Consistency: Dietary Allergies: |

| | |
|--|--|
| <input type="checkbox"/> Low Sodium Diet [DIET3040132] | Routine, Continuous Diet Modifiers: Liquid Consistency Modifiers: Calorie Controlled Modifiers: Dietary Sodium: 2 GM NA Dietary Fat: Dietary Potassium: Dietary Protein: Diabetic Carbohydrate Counting: Consistency: Dietary Allergies: |
| <input type="checkbox"/> Renal Diet [DIET3040140] | Routine, Continuous Diet Modifiers: Liquid Consistency Modifiers: Calorie Controlled Modifiers: Dietary Fat: Diabetic Carbohydrate Counting: Consistency: Dietary Allergies: |

Diet - Patient has an active diet order (Single Response) [12338]

| | |
|--|--|
| <input type="checkbox"/> NPO [DIET41] | Routine, Continuous Special Instructions: except for medications |
| <input checked="" type="checkbox"/> Cardiac Diet [DIET3040117] | Routine, Continuous Diet Modifiers: Liquid Consistency Modifiers: Calorie Controlled Modifiers: Dietary Potassium: Dietary Protein: Diabetic Carbohydrate Counting: Consistency: Dietary Allergies: |
| <input type="checkbox"/> Regular Diet [DIET3040139] | Routine, Continuous Diet Modifiers: Liquid Consistency Modifiers: Calorie Controlled Modifiers: Dietary Sodium: Dietary Fat: Dietary Potassium: Dietary Protein: Diabetic Carbohydrate Counting: Consistency: Dietary Allergies: |
| <input type="checkbox"/> Diabetic Diet [DIET16] | Routine, Continuous Diabetic Carbohydrate Counting: Diet Modifiers: Liquid Consistency Modifiers: Calorie Controlled Modifiers: Dietary Sodium: Dietary Fat: Dietary Potassium: Dietary Protein: Consistency: Dietary Allergies: |

| | |
|--|--|
| <input type="checkbox"/> Low Sodium Diet [DIET3040132] | Routine, Continuous Diet Modifiers: Liquid Consistency Modifiers: Calorie Controlled Modifiers: Dietary Sodium: 2 GM NA Dietary Fat: Dietary Potassium: Dietary Protein: Diabetic Carbohydrate Counting: Consistency: Dietary Allergies: |
| <input type="checkbox"/> Renal Diet [DIET3040140] | Routine, Continuous Diet Modifiers: Liquid Consistency Modifiers: Calorie Controlled Modifiers: Dietary Fat: Diabetic Carbohydrate Counting: Consistency: Dietary Allergies: |

Nutrition - Other [22957]

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|--|---|
| <input type="checkbox"/> NPO at Midnight [DIET3040100] | Routine, Diet effective midnight, Starting S+1 at 12:00 AM Special Instructions: |
| <input type="checkbox"/> Fluid Management Less Than 1.5L/Day [DIET3040103] | Routine, Continuous, Fluid Management Order must be accompanied by a diet order. Total IV + Flush + Tube Feeding (mL/hr): Total PO Fluid Restriction (L/Day): 1.5 Total IV Fluids to be (mL/hr): Total PO Fluids to be (mL/hr): Can Have Free Water: Free Water Amount (mL): |
| <input type="checkbox"/> Enteral Tube - Continuous [NUR519] | Routine, Continuous Tube Type: Enteral Feeding Type: Additives: Starting Rate (mL/hr): Advance Rate By (mL/hr): Goal Rate (mL/hr): Bolus Feeding Volume (mL): Water Flush Rate (mL/hr): Additional Flush: Normal Saline Flush Rate (mL/hr): Additional Flush: Pedialyte Flush Rate (mL/hr): Residual Checks: Feeding Tube Instructions: |

Medications

Platelet Inhibitors: Salicylates [11348]

| | |
|--|------------------------------|
| <input checked="" type="checkbox"/> aspirin chewable tablet [1922] | 81 mg, Oral, Daily, Routine |
| <input type="checkbox"/> aspirin tablet [1925] | 325 mg, Oral, Daily, Routine |

Platelet Inhibitors: P2Y12 [12342]

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|---|--|
| <input checked="" type="checkbox"/> clopidogrel load and maintenance dose [12343] | "Followed by" Linked Panel |
| <input checked="" type="checkbox"/> clopidogrel (PLAVIX) tablet [250238] | 600 mg, Oral, Once, For 1 Doses, Routine |
| <input checked="" type="checkbox"/> clopidogrel (PLAVIX) tablet 75 mg [250238] | 75 mg, Oral, Daily, Routine |
| <input type="checkbox"/> prasugrel (EFFIENT) tablet [65590] | 10 mg, Oral, Daily, Routine |
| <input type="checkbox"/> ticagrelor (BRILINTA) tablet [72530] | 90 mg, Oral, 2 times daily, Routine |

Platelet Inhibitors: G2b/3a [12313]

| | |
|--|-----------------------------------|
| <input type="checkbox"/> eptifibatide bolus and infusion [12314] | "Followed by" Linked Panel |
|--|-----------------------------------|

Discuss with Cardiology fellow or attending before ordering Glycoprotein IIb/IIIa drug.
Avoid in patients who are on hemodialysis

Dose = 2 mcg/kg/min or 1 mcg/kg/min if creatinine clearance < 50mL/min.

| | |
|---|---|
| [] eptifibatide (INTEGRILIN) 0.75 mg/mL Bolus from bottle [301687] | 180 mcg/kg, Intravenous, Once, For 1 Doses Max bolus = 22.5 mg. Routine |
| [] eptifibatide (INTEGRILIN) 0.75 MG/ML infusion [251381] | Intravenous, Continuous, Routine |

Enoxaparin Protocol (Single Response) [12312]

| | |
|--|---|
| () enoxaparin for CrCl > 30 mL/min and age < 75 load and maintenance dose [15784] | "And" Linked Panel |
| [] enoxaparin (LOVENOX) injection loading dose for CrCl > 30 mL/min and age < 75 [300100] | 30 mg, Intravenous push, Once, For 1 Doses Loading dose, For CrCl > 30 mL/min and age < 75. Routine |
| [] enoxaparin (LOVENOX) injection maintenance dose for CrCl > 30 mL/min and age < 75 [300100] | 1 mg/kg, Intravenous push, Every 12 hours, Starting H+15 Minutes Ensure coags have been drawn prior to administration. Maintenance dose for CrCl > 30 mL/min and age < 75. Routine |
| () enoxaparin (LOVENOX) injection for CrCl > 30 mL/min and age > 75. [300100] | 0.75 mg/kg, Subcutaneous, Every 12 hours For CrCl > 30 mL/min and age > 75. Routine |
| () enoxaparin (LOVENOX) injection for CrCl < 30 mL/min [300100] | 1 mg/kg, Subcutaneous, Every 24 hours, Routine |
| () enoxaparin (LOVENOX) injection [300100] | 1 mg/kg, Subcutaneous, Every 12 hours, Routine |

Nitrates [12344]

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|---|--|
| [X] nitroglycerin (NITROSTAT) SL tablet [15010] | 0.4 mg, Sublingual, Every 5 minutes as needed, chest pain, Routine PRN x 3 for chest pain. Hold for SPB < 90. |
| [] nitroglycerin (NITROGLYN) ointment 2 % [15012] | 0.5-2 inch, Topical, Every 4 hours, Routine Apply to chest wall. SBP >140 mmHg Apply 2 inches SBP 110 - 140 mmHg Apply 1 inch SBP 90 - 110 mmHg Apply 0.5 inch SBP < 90 mmHg Wipe off |
| [] nitroglycerin IV infusion [300598] | 10 mcg/min, Intravenous, Continuous Up titration requires unit transfer. |
| [] isosorbide mononitrate (ISMO, MONOKET) tablet [28152] | 20 mg, Oral, 2 times daily, Routine |
| [] isosorbide dinitrate (ISORDIL) tablet [11084] | 20 mg, Oral, 3 times daily, Routine |

Beta Blockers [12345]

Avoid Beta Blockers in patients with acute heart failure or right ventricular infarction.

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|---|--|
| [] carvedilol (COREG) tablet [400021] | 3.125 mg, Oral, 2 times daily, Routine Hold for HR < 50, SBP < 90 |
| [] metoprolol tartrate (LOPRESSOR) injection [13446] | 5 mg, Intravenous, Every 5 minutes, For 3 Doses, Routine Hold for HR < 50, SBP < 90 |
| [] metoprolol (LOPRESSOR) tablet [400067] | 25 mg, Oral, 2 times daily, Routine Hold for HR < 50, SBP < 90 |
| [] metoprolol titration [11354] | "Followed by" Linked Panel |
| [] metoprolol tartrate (LOPRESSOR) tablet [400067] | 25 mg, Oral, Every 6 hours, For 8 Doses, Routine Hold for HR < 50 or SBP < 90 |
| [] metoprolol tartrate (LOPRESSOR) tablet [400067] | 50 mg, Oral, 2 times daily, Routine Hold for HR < 50 or SBP < 90 |

Angiotensin-Converting Enzyme Inhibitors/Angiotensin Receptor Blockers [11357]

| <input checked="" type="checkbox"/> captopril [12379] | "Followed by" Linked Panel |
|---|---|
| <input checked="" type="checkbox"/> captopril (CAPOTEN) tablet [400016] | 6.25 mg, Oral, 3 times daily, For 3 Doses, Routine Hold for SBP < 90 |
| <input checked="" type="checkbox"/> captopril (CAPOTEN) tablet [400016] | 12.5 mg, Oral, 3 times daily, For 3 Doses, Routine Hold for SBP < 90 |
| <input checked="" type="checkbox"/> captopril (CAPOTEN) tablet [400016] | 25 mg, Oral, 3 times daily, For 3 Doses, Routine Hold for SBP < 90 |
| <input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet [12248] | 10 mg, Oral, Daily, Routine Hold for SBP < 90 |
| <input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet [12248] | 20 mg, Oral, Daily, Routine Hold for SBP < 90 |
| <input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet [35162] | 40 mg, Oral, Daily, Routine Hold for SBP < 90 |
| <input type="checkbox"/> losartan (COZAAR) tablet [39801] | 25 mg, Oral, Daily, Routine Hold for SBP < 90 |

Aldosterone Antagonists [12380]

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|---|-------------------------------|
| <input type="checkbox"/> spironolactone (ALDACTONE) tablet [400101] | 12.5 mg, Oral, Daily, Routine |
| <input type="checkbox"/> eplerenone (INSPRA) tablet [40648] | 25 mg, Oral, Daily, Routine |

Lipid Lowering Agents [11360]

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| <input checked="" type="checkbox"/> atorvastatin (LIPITOR) tablet [400004] | 80 mg, Oral, At bedtime, Routine |
| <input type="checkbox"/> rosuvastatin (CRESTOR) tablet [39248] | 40 mg, Oral, Daily, Routine |
| <input type="checkbox"/> simvastatin (ZOCOR) tablet [241502] | 40 mg, Oral, Nightly, Routine |
| <input type="checkbox"/> ezetimibe (ZETIA) tablet [29822] | 10 mg, Oral, Nightly, Routine |
| <input type="checkbox"/> niacin tablet [14823] | 500 mg, Oral, Nightly, Routine |
| <input type="checkbox"/> fenofibrate (TRICOR) tablet [43780] | 145 mg, Oral, Daily, Routine |
| <input type="checkbox"/> gemfibrozil (LOPID) tablet 600 mg [9044] | 600 mg, Oral, 2 times daily before meals, Routine |

Pain Management [101903]

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| <input type="checkbox"/> pain medications - MILD [32805] | |
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet [283] | 325-650 mg, Oral, Every 4 hours as needed, mild pain, Routine |
| <input type="checkbox"/> acetaminophen (TYLENOL) solution 160 mg/5 mL [282] | 325-650 mg, Oral, Every 4 hours as needed, mild pain, Routine |
| <input type="checkbox"/> ibuprofen (MOTRIN) tablet [10518] | 400 mg, Oral, Every 6 hours as needed, mild pain, Routine |
| <input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) suspension 100 mg/5 mL [27912] | 400 mg, Oral, Every 6 hours as needed, mild pain, Routine |
| <input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) tablet 5-325 mg [30760] | 1-2 tablet, Oral, Every 6 hours as needed, mild pain, Routine |
| <input type="checkbox"/> oxyCODONE-acetaminophen (PERCOCET) tablet 5-325 mg [15990] | 1 tablet, Oral, Every 4 hours as needed, mild pain, Routine |
| <input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet [29298] | 5 mg, Oral, Every 4 hours as needed, mild pain, Routine |
| <input type="checkbox"/> oxyCODONE (ROXICODONE) solution 1 mg/mL [29296] | 5 mg, Oral, Every 4 hours as needed, mild pain, Routine |
| <input type="checkbox"/> traMADol (ULTRAM) tablet [39326] | 50 mg, Oral, Every 8 hours as needed, mild pain, Routine |
| <input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) tablet 300-30 mg [37844] | 1-2 tablet, Oral, Every 6 hours as needed, mild pain, Routine |
| <input type="checkbox"/> morphine sulfate injection [302008] | 0.5-2 mg, Intravenous, Every 2 hours as needed, mild pain, Routine, Post-Op/Proc |
| <input type="checkbox"/> ketorolac (TORADOL) injection [151284] | 15 mg, Intravenous, Every 6 hours as needed, mild pain, For 5 Days, Routine |
| <input type="checkbox"/> ketorolac (TORADOL) injection [151284] | 15 mg, Intramuscular, Every 6 hours as needed, mild pain, For 5 Days, Routine |
| <input type="checkbox"/> pain medications - MODERATE [32806] | |
| <input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) tablet [10516] | 800 mg, Oral, Every 6 hours as needed, moderate pain, Routine |
| <input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) suspension 100 mg/5 mL [27912] | 800 mg, Oral, Every 6 hours as needed, moderate pain, Routine |

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| [] HYDROcodone-acetaminophen (NORCO) tablet 5-325 mg [30760] | 1-2 tablet, Oral, Every 6 hours as needed, moderate pain, Routine |
| [] HYDROcodone-acetaminophen (NORCO) tablet 7.5-325 mg [30855] | 1-2 tablet, Oral, Every 6 hours as needed, moderate pain, Routine |
| [] hydrocodone-acetaminophen 7.5-325 mg/15 mL [41588] | 15-30 mL, Oral, Every 6 hours as needed, moderate pain, Routine |
| [] oxyCODONE-acetaminophen (PERCOCET) tablet 5-325 mg [15990] | 1-2 tablet, Oral, Every 4 hours as needed, moderate pain, Routine |
| [] oxyCODONE (ROXICODONE) immediate release tablet [302024] | Oral, Every 3 hours as needed, moderate pain, Routine |
| [] oxyCODONE (ROXICODONE) solution 1 mg/mL [29296] | Oral, Every 3 hours as needed, moderate pain, Routine |
| [] morphine sulfate injection [302008] | 1-4 mg, Intravenous, Every 2 hours as needed, moderate pain, Routine, Post-Op/Proc |
| [] HYDROMorphone (DILAUDID) injection [302012] | 0.2-0.4 mg, Intravenous, Every 3 hours as needed, moderate pain, Routine |
| [] ketorolac (TORADOL) injection [151284] | 30 mg, Intravenous, Every 6 hours as needed, moderate pain, For 5 Days, Routine |
| [] ketorolac (TORADOL) injection [151284] | 30 mg, Intramuscular, Every 6 hours as needed, moderate pain, For 5 Days, Routine |
| [] pain medications - SEVERE [32807] | |
| [] HYDROcodone-acetaminophen (NORCO) tablet 7.5-325 mg [30855] | 1-2 tablet, Oral, Every 6 hours as needed, severe pain, Routine |
| [] hydrocodone-acetaminophen (LORTAB) 7.5-325 mg/15 mL [41588] | 15-30 mL, Oral, Every 6 hours as needed, severe pain, Routine |
| [] oxyCODONE (ROXICODONE) immediate release tablet [302024] | Oral, Every 3 hours as needed, severe pain, Routine |
| [] oxyCODONE (ROXICODONE) solution 1 mg/mL [29296] | Oral, Every 3 hours as needed, severe pain, Routine |
| [] morphine sulfate injection [302008] | 1-10 mg, Intravenous, Every 2 hours as needed, severe pain, Routine, Post-Op/Proc |
| [] HYDROMorphone (DILAUDID) injection [302012] | 0.2-1 mg, Intravenous, Every 2 hours as needed, severe pain, Routine |
| [] fentanyl (SUBLIMAZE) injection [300645] | 25-100 mcg, Intravenous, Every 2 hours as needed, severe pain, Routine |

Anti-ulcer Agents [101852]

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| [] ranitidine (ZANTAC) tablet [30566] | 150 mg, Oral, 2 times daily, Routine |
| [] omeprazole (PRILOSEC) capsule [6568] | 40 mg, Oral, Daily, Routine |
| [] pantoprazole (PROTONIX) 40 MG IV [14064] | 40 mg, Intravenous, Every morning before breakfast, Routine Dilute in 10 mL NS and infuse over at least 2 minutes. Flush IV line before and after administration. |

Laxatives [101934]

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| [] stool softener medications [32830] | |
| [] docusate sodium (COLACE) capsule [6927] | 100 mg, Oral, 2 times daily as needed, constipation, Routine |
| [] polyethylene glycol (MIRALAX) packet 17 gram [24331] | 17 g, Oral, Daily as needed, constipation, Routine |
| [] stimulant laxative medications [32831] | |
| [] SENNA 8.6 MG PO TABS [245393] | 1 tablet, Oral, 2 times daily as needed, constipation, Routine |
| [] senna-docusate (PERICOLACE) tablet 8.6-50 mg [252681] | 1 tablet, Oral, 2 times daily before meals, Routine |
| [] magnesium hydroxide (MILK OF MAGNESIA) suspension 400 mg/5 mL [11777] | 30 mL, Oral, 2 times daily before meals, Routine |
| [] bowel regulation medications [32832] | |
| [] psyllium (METAMUCIL) packet 58.12% [71012] | 1 packet, Oral, 2 times daily before meals 0630, Routine Administer with meals if needed. |
| [] bisacodyl (DULCOLAX) suppository 10 mg [3087] | 10 mg, Rectal, Daily as needed, constipation, Routine |
| [] magnesium hydroxide (MILK OF MAGNESIA) suspension 400 mg/5 mL [11777] | 30 mL, Oral, 2 times daily before meals, Routine |
| [] bowel regimen - other [101916] | |

| | |
|---|---|
| <input type="checkbox"/> fleet enema [8480] | 1 enema, Rectal, Daily as needed, constipation, Routine Do not administer if patient's serum creatinine is 1.3 or greater. For use when other Bowel Regimens are ineffective. Serum Creatinine must be less than 1.3 to administer. What is serum creatinine? |
| <input type="checkbox"/> mineral oil liquid [13616] | 30 mL, Oral, Daily as needed, constipation, Routine For use when other Bowel Regimens are ineffective. |
| <input type="checkbox"/> lactulose (CHRONULAC) solution 10 gram/15 mL [42055] | 20 g, Oral, 3 times daily pm, constipation, Routine For use when other Bowel Regimens are ineffective. |
| <input type="checkbox"/> magnesium citrate (CITROMA) solution [12711] | 150 mL, Oral, Once, For 1 Doses, Routine |

Ancillary Medications [101853]

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|--|---|
| <input type="checkbox"/> LORazepam (ATIVAN) tablet [12394] | 1 mg, Oral, Every 4 hours as needed, agitation, Routine Hold for SBP < 90, RR < 12, Sats < 90%, decrease in mental status. |
| <input type="checkbox"/> sleep agents - 1st choice (Single Response) [32827] | |
| <input type="checkbox"/> zolpidem (AMBIEN) tablet [31766] | 5 mg, Oral, At bedtime as needed, insomnia (sleep), Routine Administer as 1st choice for sleep. |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) capsule [6779] | 25-50 mg, Oral, At bedtime as needed, sleep, Routine Administer as 1st choice for sleep. |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection [6778] | 25-50 mg, Intravenous, At bedtime as needed, sleep, Routine Administer as 1st choice for sleep. |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection [6778] | 25-50 mg, Intramuscular, At bedtime as needed, sleep, Routine Administer as 1st choice for sleep. |
| <input type="checkbox"/> temazepam (RESTORIL) capsule [21096] | 15-30 mg, Oral, At bedtime as needed, sleep, Routine Administer as 1st choice for sleep. |
| <input type="checkbox"/> sleep agents - 2nd choice (Single Response) [32829] | |
| <input type="checkbox"/> zolpidem (AMBIEN) tablet [31766] | 5 mg, Oral, At bedtime as needed, insomnia (sleep), Routine Administer as 2nd choice for sleep. |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) capsule [6779] | 25-50 mg, Oral, At bedtime as needed, sleep, Routine Administer as 2nd choice for sleep. |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection [6778] | 25-50 mg, Intravenous, At bedtime as needed, sleep, Routine Administer as 2nd choice for sleep. |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection [6778] | 25-50 mg, Intramuscular, At bedtime as needed, sleep, Routine Administer as 2nd choice for sleep. |
| <input type="checkbox"/> temazepam (RESTORIL) capsule [21096] | 15-30 mg, Oral, At bedtime as needed, sleep, Routine Administer as 2nd choice for sleep. |

IV Fluids

Continuous Infusions [10260]

| | |
|--|----------------------------------|
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % infusion [242599] | Intravenous, Continuous, Routine |
| <input type="checkbox"/> sodium chloride 0.9 % (NS) infusion [7058] | Intravenous, Continuous, Routine |
| <input type="checkbox"/> sodium chloride 0.45% (HALF SALINE) infusion [19721] | Intravenous, Continuous, Routine |
| <input type="checkbox"/> sodium bicarbonate drip in dextrose 5% [300291] | Intravenous, Continuous, Routine |

Laboratory

Lab - Cardiac Markers [101545]

| | |
|--|--|
| <input type="checkbox"/> CK MB Panel [LAB1909] | Every 8 hours - Lab For 2 Occurrences Collection Method Override: |
| <input type="checkbox"/> Creatine Kinase, Total, Serum Or Plasma [LAB3130] | Every 8 hours - Lab For 2 Occurrences Collection Method Override: |

| | |
|---|--|
| <input checked="" type="checkbox"/> Troponin I [LAB3036] | Every 8 hours - Lab For 2 Occurrences Collection Method Override: |
| <input type="checkbox"/> B-Type Natriuretic Peptide [LAB3184] | Once - Routine - Lab Collection Method Override: |

Lab - Chemistry [101546]

| | |
|---|---|
| <input type="checkbox"/> Basic Metabolic Panel [LAB3054] | Once - Routine - Lab Collection Method Override: |
| <input checked="" type="checkbox"/> Comprehensive Metabolic Panel [LAB3056] | Once - Routine - Lab Collection Method Override: |

Lab - Hematology [101547]

| | |
|--|---|
| <input checked="" type="checkbox"/> CBC/Platelet [LAB1956] | Once - Routine - Lab Has the patient had 3 or more loose stools in the last 24 hours? Collection Method Override: |
| <input type="checkbox"/> PTT [LAB1971] | Once - Routine - Lab Heparin Type: Collection Method Override: |
| <input checked="" type="checkbox"/> PT, International Normalized Ratio [LAB3254] | Once - Routine - Lab Coumadin Use: Collection Method Override: |

Lab - Toxicology/Drug Levels [101548]

| | |
|--|---|
| <input type="checkbox"/> Drug Screen (Nonforensic) Comp, Ser/Urn [LAB3063] | Once - Routine - Lab Collection Method Override: |
| <input type="checkbox"/> Drug Screen (Nonforensic), Urine [LAB3062] | Once - Routine - Lab Collection Method Override: |

Lab - AM Labs [101549]

| | |
|---|---|
| <input checked="" type="checkbox"/> CBC/Platelet [LAB1956] | AM Draw - Lab, Starting S For 1 Days Has the patient had 3 or more loose stools in the last 24 hours? Collection Method Override: |
| <input checked="" type="checkbox"/> Basic Metabolic Panel [LAB3054] | AM Draw - Lab, Starting S For 1 Days Collection Method Override: |
| <input checked="" type="checkbox"/> Lipid Panel [LAB3058] | AM Draw - Lab, Starting S For 1 Days If triglyceride is >400, reflex to LDL? Yes Collection Method Override: |
| <input type="checkbox"/> PT, International Normalized Ratio [LAB3254] | AM Draw - Lab, Starting S For 1 Days Coumadin Use: Collection Method Override: |
| <input type="checkbox"/> PTT [LAB1971] | AM Draw - Lab, Starting S For 1 Days Heparin Type: Collection Method Override: |

Lab - Pulmonary [16767]

| | |
|---|---|
| <input type="checkbox"/> Blood Gas Order Request (Provider Order) [NUR304728] | Once Blood Gas Priority: Blood Gas Type: Blood Gas Analysis with Electrolyte Blood Gas Source: Draw Blood Gas on Oxygen Level of: PRN Reason? Additional Tests: |
|---|---|

Imaging Orders

Imaging - X-Ray [31598]

| | |
|---|--|
| <input type="checkbox"/> XR Chest 1 View - Portable at Bedside [IMG12021] | Routine, 1 time imaging For 1 Does this procedure need to be done on a portable? No Reason for Exam: Is the patient pregnant? |
| <input type="checkbox"/> XR Chest 2 Views - PA / Lateral [IMG12024] | Routine, 1 time imaging For 1 Does this procedure need to be done on a portable? No Reason for Exam: Is the patient pregnant? |

Imaging - Magnetic Resonance Imaging [101550]

| | |
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| <input type="checkbox"/> MRI Heart WWO Cont [IMG11115] | Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? What is the patient's sedation requirement? No Sedation |
|--|--|

Imaging - Computed Tomography [13777]

| | |
|---|--|
| <input type="checkbox"/> CTA Coronary Arteries [IMG10182] | Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? What is the patient's sedation requirement? No Sedation |
|---|--|

Diagnostic Testing

Diagnostic Tests [12339]

| | |
|--|--|
| <input type="checkbox"/> Echo, Complete [ECH200] | Routine, Once Is the echo part of a study? Reason for exam? External Echo: Appointment Date: External Echo: Appointment Time: Will the patient be discharged today? |
| <input type="checkbox"/> Echo, Limited [ECH204] | Routine, Once What is the limited echo for? (i.e. LVEF, Effusion Check): Reason for exam? External Echo: Appointment Date: External Echo: Appointment Time: Will the patient be discharged today? |

12 Lead ECG - UNI and UUC Patients [20567]

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|---|--------------------------------|
| <input type="checkbox"/> 12 Lead ECG - UNI and UUC ONLY - STAT [ECG108] | STAT, Once Reason for Exam? |
|---|--------------------------------|

12 Lead ECG - Not UNI or UUC Patient [20568]

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|--|--------------------------------|
| <input type="checkbox"/> 12 Lead ECG - STAT [ECG100] | STAT, Once Reason for Exam? |
|--|--------------------------------|

Exercise Stress Tests [101663]

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|---|---|
| <p>[] Exercise Stress ECG [ECH305]</p> | <p>Routine, Once, The patient must be capable of exercising on a treadmill for at least 6 minutes.</p> <p>If they are not able to please order a pharmacologic stress test:</p> <p style="padding-left: 40px;">Dobutamine Echo</p> <p style="padding-left: 40px;">Dobutamine Nuclear Study</p> <p style="padding-left: 40px;">Lexiscan Nuclear Study</p> <p style="padding-left: 40px;">Lexiscan MRI</p> <p>Patient to be NPO 4 hours prior to test</p> <p>Is the patient capable of exercising on a treadmill for at least 6 minutes?</p> <p>Reason for exam?</p> <p>Will the patient be discharged today?</p> <p>External Echo: Appointment Date:</p> <p>External Echo: Appointment Time:</p> |
|---|---|

| | |
|--|---|
| <p>[] Exercise Stress Echo [ECH300]</p> | <p>Routine, Once, The patient must be capable of exercising on a treadmill for at least 6 minutes.</p> <p>If they are not able to please order a pharmacologic stress test:</p> <p style="padding-left: 40px;">Dobutamine Echo</p> <p style="padding-left: 40px;">Dobutamine Nuclear Study</p> <p style="padding-left: 40px;">Lexiscan Nuclear Study</p> <p style="padding-left: 40px;">Lexiscan MRI</p> <p>Patient to be NPO 4 hours prior to test</p> <p>Is the patient capable of exercising on a treadmill for at least 6 minutes?</p> <p>Is the echo part of a study?</p> <p>Reason for exam?</p> <p>Will the patient be discharged today?</p> <p>External Echo: Appointment Date:</p> <p>External Echo: Appointment Time:</p> |
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| | |
|--|--|
| <p>[] NM Myocardial Perf W Treadmill [IMG15047]</p> | <p>Routine, 1 time imaging For 1</p> <p>Reason for Exam:</p> <p>Is the patient pregnant?</p> <p>Patient to be NPO 6 hours prior to test.</p> |
|--|--|

Dobutamine Stress Tests [101664]

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| <p>[] Dobutamine Stress Echo [ECH302]</p> | <p>Routine, Once, Patient needs to be NPO 4 hours prior to the test.</p> <p>Patient to be NPO 4 hours prior to test.</p> <p>Reason for exam?</p> <p>Will the patient be discharged today?</p> <p>External Echo: Appointment Date:</p> <p>External Echo: Appointment Time:</p> |
|--|---|

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|--|--|
| <p>[] NM Myocardial Perf W Pharm [IMG15046]</p> | <p>Routine, 1 time imaging For 1</p> <p>Preferred medication for the stress portion of exam:</p> <p>Dobutamine</p> <p>Reason for Exam:</p> <p>Is the patient pregnant?</p> <p>Patient to be NPO 6 hours prior to test.</p> |
|--|--|

Lexiscan Stress Tests [101665]

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| [] NM Myocardial Perf W Pharm [IMG15046] | Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? |
| [] MRI Heart WWO Cont W Stress [IMG11118] | Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? What is the patient's sedation requirement? No Sedation |

RT / Pulmonary

Respiratory Interventions [12340]

| | |
|--|--|
| [] BiPAP [RT52] | Is this a PRN order? IPAP: EPAP: FiO2: Rate: Routine, Continuous, Starting S |
| [] CPAP [RT54] | Is this a PRN order? CPAP Level: FiO2: Pulse Oximeter: Routine, NOC, Starting S |
| [X] Low Flow Oxygen Therapy Nasal Cannula [RT30] | Low Flow Oxygen Therapy: Nasal Cannula Saturation Goal: wean as tolerated to keep stats >=90% or per RT protocol Use at night only: Home O2? Is this a PRN order? Routine, Continuous, Starting S |
| [] Low Flow Oxygen Therapy Non-Rebreather Mask [RT30] | Low Flow Oxygen Therapy: Non-Rebreather Mask Saturation Goal: wean as tolerated to keep stats >=90% or per RT protocol Use at night only: Home O2? Is this a PRN order? Routine, Continuous, Starting S |
| [] Low Flow Oxygen Therapy Simple Mask [RT30] | Low Flow Oxygen Therapy: Simple Mask Saturation Goal: wean as tolerated to keep stats >=90% or per RT protocol Use at night only: Home O2? Is this a PRN order? Routine, Continuous, Starting S |
| [] Humidified Oxygen Face Tent [RT56] | Saturation Goal: Wean as tolerated to keep Sats>=90% or per RT Protocol Mode of Delivery: Face Tent Routine, Continuous, Starting S |
| [] Heated Humidified Oxygen Aerosol Mask [RT55] | Saturation Goal: Wean as tolerated to keep Sats>=90% or per RT Protocol Mode of Delivery: Other (enter in comments) Routine, Continuous, Starting S |

Consult Orders

Consults [12341]

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|--|--------------------------------------|
| [X] IP Consult to Cardiac Rehab [CON3040137] | Routine, Once Reason for Consult? |
|--|--------------------------------------|

Consults [101553]

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| <input type="checkbox"/> IP Consult to Social Services [CON65] | <p>Routine, Once, FOR PATIENTS AT HUNTSMAN AND BMT ONLY - PLEASE SEE BELOW.</p> <p>Social Work Services are typically available 7 Days a week from 8:00 a.m. until 4:30 p.m.</p> <p>There is no coverage after 4:30 pm.</p> <p>For routine consults please page social worker assigned to unit.</p> <p>Reason for Consult?</p> |
| <input type="checkbox"/> IP Consult to Dietitian [CON34] | <p>Routine, Once</p> <p>Reason for Consult?</p> |
| <input type="checkbox"/> IP Consult to Pharmacy [CON3040122] | <p>Routine, Once</p> <p>Reason for Consult: Evaluate patient for pneumococcal and influenza vaccine</p> |
| <input type="checkbox"/> Discharge Planning Case Management Consult [ADT3040106] | <p>Once</p> |

Embedded Order Sets

Heparin Protocol - Acute MI-ACS [12382]

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| <input type="checkbox"/> Communication [11472] | |
| <input type="checkbox"/> Communication Order MD to Nursing - Work With MD to Discontinue All Prior Heparin [NUR304127] | <p>Routine, Continuous</p> <p>Work with MD to discontinue all prior heparin (UFH & LMWH) orders, except those for line patency (example heparin locks). If heparin orders not discontinue, inform MD for this need. Assess patient periodically for signs / symptoms of bleeding. Avoid all IM injections.</p> |
| <input type="checkbox"/> Communication Order MD to Nursing - Baseline PTT [NUR304127] | <p>Routine, Continuous</p> <p>If BASELINE PTT is less than 40 seconds, follow dosing adjustment below. If BASELINE PTT is equal to or greater than 40 seconds, contact provider to discontinue this protocol and begin use of Heparin Anti - Xa protocol. Suggest Thrombosis Service Consultation.</p> |
| <input type="checkbox"/> Communication Order MD to Nursing - Draw PTT [NUR304127] | <p>Routine, Continuous</p> <p>Draw a PTT 6 hours after heparin initiated and 6 hours after any dosage change. Make adjustments according to the nomogram found on heparin order until PTT is therapeutic (70 - 90 seconds).</p> |
| <input type="checkbox"/> Communication Order MD to Nursing - Obtaining Consecutive Measurements [NUR304127] | <p>Routine, Continuous</p> <p>After obtaining 2 consecutive therapeutic measurements, PTT should be monitored every 24 hours for the remainder of the course of therapy. Document all dosage changes per a note in the EMAR and lab draws as a new electronic order.</p> |
| <input type="checkbox"/> Communication Order MD to Nursing - Notify MD PTT Results Greater than 150 [NUR304127] | <p>Routine, Continuous</p> <p>Notify MD immediately if patient has two consecutive PTT results greater than 150.</p> |
| <input type="checkbox"/> Nursing Assessments [30233] | |
| <input type="checkbox"/> Weight [NUR494] | <p>Routine, Once For 1 Occurrences</p> <p>In kg, at time of heparin initiation.</p> |
| <input type="checkbox"/> heparin protocol - Acute MI or ACS [12147] | |

All following calculations shall be made using ACTUAL BODY WEIGHT (kg) at time of heparin initiation, but despite weight will not exceed the following maximum dosing parameters:

- MAXIMUM INITIAL BOLUS = 4,000 units
- MAXIMUM INITIAL INFUSION = 1,000 units/hr

| | |
|---|--|
| [] heparin INITIATION bolus - Acute MI/ACS protocol [303033] | 60 Units/kg, Intravenous, Once, For 1 Doses Heparin protocol - Acute MI/ACS INITIAL Bolus from bag. Maximum Dose = 4,000 units |
| [] heparin infusion - Acute MI/ACS protocol [252811] | 3-35 Units/kg/hr, Intravenous, Continuous Heparin protocol - Acute MI or ACS All calculations after initial bolus and initial infusion shall be made using ACTUAL BODY WEIGHT (kg) at the time of heparin initiation, up to 125 kg. Despite weight, will not exceed the following maximum dosing parameters: -- MAXIMUM INITIAL BOLUS = 4,000 units -- MAXIMUM INITIAL INFUSION = 1,000 units/hr For the INITIAL INFUSION RATE - Click the administration time on the MAR. If PTT Less than 40 seconds, Bolus with 40 units/kg (not to exceed 5,000 units) IV AND Increase infusion by 2 units/kg/hr If PTT 40 - 69 seconds, Increase infusion by 1 unit /kg/hr If PTT 70 - 90 seconds, No Change If PTT 91 - 100 seconds, Decrease infusion by 1 unit /kg/hr If PTT 101 - 150 seconds, Hold infusion for 30 minutes AND Decrease infusion by 1 unit /kg/hr If PTT greater than 150 seconds, Hold infusion for 60 minutes AND Decrease infusion by 3 units/kg/hr Draw STAT PTT 6 hrs after heparin initiated and 6 hrs after ANY dosage change. Make adjustments according to the nomogram until PTT is therapeutic (70-90 seconds). After obtaining 2 consecutive therapeutic measurements, PTT should be monitored every 24hrs for the remainder of the course of therapy. Document all dosage changes in eMAR. Patient Weight Range: |

| | |
|--|--|
| <input type="checkbox"/> heparin RE-BOLUS - Acute MI/ACS protocol [303035] | <p>40 Units/kg, Intravenous, As needed, heparin protocol Heparin protocol - Acute MI or ACS BOLUS from bag</p> <p>If PTT Less than 40 seconds, Bolus with 40 units/kg (not to exceed 5,000 units) IV AND Increase infusion by 2 units/kg/hr If PTT 40 - 69 seconds, Increase infusion by 1 unit /kg/hr If PTT 70 - 90 seconds, No Change If PTT 91 - 100 seconds, Decrease infusion by 1 unit /kg/hr If PTT 101 - 150 seconds, Hold infusion for 30 minutes AND Decrease infusion by 1 unit /kg/hr If PTT greater than 150 seconds, Hold infusion for 60 minutes AND Decrease infusion by 3 units/kg/hr</p> <p>Draw STAT PTT 6 hrs after heparin initiated and 6 hrs after ANY dosage change. Make adjustments according to the nomogram until PTT is therapeutic (70-90 seconds). After obtaining 2 consecutive therapeutic measurements, PTT should be monitored every 24 hrs for the remainder of the course of therapy. Document all dosage changes in eMAR.</p> |
|--|--|

Lab - General [100119]
Obtain prior to heparin initiation, if not already obtained in past 24 hours.

| | |
|--|--|
| <input type="checkbox"/> Platelets [LAB3239] | STAT - Lab For 1 Occurrences Collection Method Override: Baseline prior to heparin infusion |
| <input type="checkbox"/> PTT [LAB1971] | STAT - Lab For 1 Occurrences Heparin Type: Collection Method Override: Baseline prior to heparin infusion |

Lab - AM Labs [100120]

| | |
|--|--|
| <input type="checkbox"/> Platelets [LAB3239] | Every other day - Lab, Starting S+2 Collection Method Override: AM Draw, QODay, Until end of heparin therapy |
|--|--|

Consults [30234]

| | |
|--|--|
| <input type="checkbox"/> IP Consult to UHC Thrombosis Service [CON3040114] | <p>Routine, Once, Provider must page UHC Thrombosis Service for consult. Within Smartweb: For MD consult, choose "Inpatient Consults - Thrombosis."</p> <p>For PharmD anticoagulation management and/or transition of care, choose "Inpatient Thrombosis Anticoagulation Management." Reason for Consult: Indication for anticoagulation therapy: INR Goal: Estimated duration of therapy:</p> |
|--|--|