

Height \_\_\_\_\_  
Weight \_\_\_\_\_  
Allergies \_\_\_\_\_

**General**

**Notify Provider [166465]**

\*\* AHA/ASA 2013 Early Management of Acute Ischemic Stroke Guidelines Class I Level C recommendations for management of arterial hypertension in patients not undergoing reperfusion strategies (including IV TPA and endovascular): Reasonable goal is to lower blood pressure by 15% during the first 24 hours after onset of stroke. Medication should be withheld unless the systolic blood pressure is greater than 220 mmHg or the diastolic blood pressure is greater than 120 mm Hg.

\*\*AHA/ASA 2013 Early Management of Acute Ischemic Stroke guidelines state arterial hypotension in acute ischemic stroke patients is associated with poor outcomes in multiple studies. The definition of hypotension needs to be individualized for each patient based on premorbid blood pressure.

[X] Notify provider (Ischemic/TIA stroke patients) [NUR183] Routine, Until discontinued, Starting S  
Pulse greater than:  
Pulse less than:  
Respiratory rate less than:  
Respiratory rate greater than:  
Temperature greater than (celsius): 38  
Urine output less than (mL/hr):  
Systolic BP greater than: 180  
Systolic BP less than: 120  
Diastolic BP greater than: 105  
Diastolic BP less than: 60  
MAP less than (mmHg):  
Other:  
Initial NIH score and any increase of 2 points.

**Diet/Nutrition [120664]**

[X] Diet NPO [DIET41] Diet effective now, Starting S  
NPO: Yes  
Until swallow screen is completed by RN. If patient fails screen, continue NPO and seek out order for SLP swallow eval.

Provider's Initial: \_\_\_\_\_



**Activity [231678]**

<input checked="" type="checkbox"/> Elevate head of bed [NUR51]	Routine, Until discontinued, Starting S Elevate HOB: 30 degrees or greater
<input type="checkbox"/> Bed rest [NUR162]	Routine, Until discontinued, Starting S
<input type="checkbox"/> Activity as tolerated [NUR129]	Routine, Until discontinued, Starting S

**Nursing Interventions [120665]**

<input checked="" type="checkbox"/> Complete NIH Stroke Scale [NUR2056]	STAT, Once For 1 Occurrences, NIH Stroke Scale on admission, pre-treatment, post-treatment, 24 hours, handoff, discharge, and with any changes in neurological status. Notify Provider of initial score and any increase of 2 points, and full NIH at discharge.
<input type="checkbox"/> Nursing Neuro Checks [NUR185]	Routine, Until discontinued, Starting S Every 15 min for: 2 hours Every 30 min for: 3 hours
<input checked="" type="checkbox"/> Nursing Neuro Checks [NUR185]	Routine, Until discontinued, Starting S Every: 1 hour For: 4 hours Then every: 4 hours Every hour for 4 hours then every 4 hours until discontinued starting today.
<input type="checkbox"/> Frequent vital signs [NUR2069]	Indication: Q15 minutes x (# of occurrences): 8 Q30 minutes x (# of occurrences): 6 Until discontinued, Starting S
<input checked="" type="checkbox"/> Frequent vital signs [NUR2069]	Indication: Q15 minutes x (# of occurrences): Q30 minutes x (# of occurrences): Q1 hour x (# of occurrences): 4 Q2 hours x (# of occurrences): Q4 hours x (# of occurrences): Then: Per unit routine Until discontinued, Starting S

**Provider's Initial:** \_\_\_\_\_

**Dysphagia Screen [231682]**

**REQUIRED**

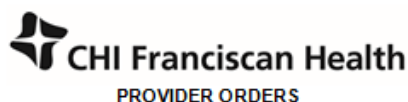
<input type="checkbox"/> Speech and Language Pathology Evaluation and Treat [SLP2]	Routine, Once Type? Bedside swallow Provider exam finds dysarthria, facial droop, brainstem stroke, or altered level of consciousness.
<input checked="" type="checkbox"/> Bedside RN Swallow Screen [NUR86]	Routine, Once For 1 Occurrences, If bedside Swallow Screen has not already been completed and documented "pass or fail." If pass, give oral medications. If fail, make patient NPO until speech pathology evaluation.

**Consults**

**Ancillary Consults [120671]**

<input type="checkbox"/> Patient at neurological baseline therapy services not indicated [NUR185]	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> PT eval and treat [PT4]	Routine, Once Reason for PT? (out of bed as tolerated) <p style="text-align: right;"><b>REQUIRED</b></p>
<input checked="" type="checkbox"/> OT eval and treat [OT1]	Routine, Once Reason for OT? (out of bed as tolerated) <p style="text-align: right;"><b>REQUIRED</b></p>
<input type="checkbox"/> Speech and language pathology eval and treat – Cognitive [SLP2]	Routine, Once Type? Communication/Cognition Communication/Cognitive evaluation.
<input type="checkbox"/> Inpatient consult to Dietary [CON34]	Reason for Consult? <p style="text-align: right;"><b>REQUIRED</b></p>
<input checked="" type="checkbox"/> Inpatient consult to Care Management [CON583]	Home Health needed: DME Needed: Post Acute placement: Other Needs: Reason for Consult?
<input checked="" type="checkbox"/> Notify Stroke Coordinator [NUR185]	Routine, Until discontinued, Starting S, Complete and fax admission notification sheet to Neuroscience Administration #253-426-6282
<input checked="" type="checkbox"/> Consult Pharmacy [CON100]	Routine, Once

**Provider's Initial:** \_\_\_\_\_



**Physician Consults [120670]**

<input type="checkbox"/> Inpatient consult to Neurology [CON9]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	
<input type="checkbox"/> Inpatient consult to Neurosurgery [CON10]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	
<input type="checkbox"/> Inpatient consult to Neurointerventional Radiology [CON580]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	
<input type="checkbox"/> Inpatient consult to Physical Medicine Rehab [CON17]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	
<input type="checkbox"/> Inpatient consult to Cardiology [CON43]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	
<input type="checkbox"/> Inpatient consult to Vascular Surgery [CON40]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	
<input type="checkbox"/> Inpatient consult to Hematology [CON57]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	
<input type="checkbox"/> Inpatient consult to Palliative Care [CON27]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	
<input type="checkbox"/> Inpatient consult to Critical Care Medicine [CON513]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	
<input type="checkbox"/> Inpatient consult to FIT Team [CON25]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	
<input type="checkbox"/> Inpatient consult to SOUND Team [CON251]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	
<input type="checkbox"/> Inpatient consult to Group Health [CON581]	<b>REQUIRED</b>
Reason for Consult? RN/Secretary to contact the consulting provider? Yes	

Provider's Initial: \_\_\_\_\_

## Labs

### Chemistry [120689]

<input checked="" type="checkbox"/> Fasting lipid panel [LAB18]	Once
<input checked="" type="checkbox"/> POCT glucose [POC10]	Routine, Every 6 hours, RN may discontinue if HgbA1C is normal and no POCT glucose is greater than 140 times 3.

### Hematology [120691]

<input checked="" type="checkbox"/> Hemoglobin A1c [LAB90]	Once For 1 Occurrences
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## Imaging

Note to providers: If GFR is decreased and patient requires IV contrast study, consider hydrating patient using Hydration order for reducing risk of Radiocontrast induced nephrotoxicity physician order set #683

### Imaging - MRI/MRA [120695]

<input checked="" type="checkbox"/> MRI Brain without IV Contrast [IMG269]	<b>REQUIRED</b> Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? What is the patient's sedation/anesthesia requirement? Transport Mode:
<input type="checkbox"/> MRI Angiogram Head without IV Contrast [IMG263]	<b>REQUIRED</b> Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? What is the patient's sedation/anesthesia requirement? Transport Mode:
<input type="checkbox"/> MRI Angiogram Neck without IV Contrast [IMG266]	<b>REQUIRED</b> Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? What is the patient's sedation/anesthesia requirement? Transport Mode:

### Imaging - CTA/Carotid Doppler [120694]

<input type="checkbox"/> CT Angiogram Head with and or without IV Contrast [IMG786]	<b>REQUIRED</b> Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? What is the patient's sedation/anesthesia requirement? Transport Mode:
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Provider's Initial: \_\_\_\_\_

<input type="checkbox"/> CT Angiogram Neck with and or without IV Contrast [IMG199]	<b>REQUIRED</b>
Routine, 1 time imaging For 1 Reason for Exam: Is the patient pregnant? What is the patient's sedation/anesthesia requirement? Transport Mode:	

<input type="checkbox"/> Vascular Carotid Duplex Bilateral [VAS91]	<b>REQUIRED</b>
Routine, 1 time imaging For 1 Occurrences Reason for Exam: Transport Mode: Is this exam to be performed in cardiology or radiology?	

**Imaging - Cardiac Studies [231683]**

<input checked="" type="checkbox"/> Cardiac monitoring [NUR436]	Routine, Until discontinued, Starting S Telemetry Indication: Continuous Cardiac Monitoring for a min of 24 hours, continue cardiac monitoring for suspected cryptogenic stroke.
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<input type="checkbox"/> ECG 12 lead [ECG1]	<b>REQUIRED</b>
Routine, Once Reason for Exam (Signs & Symptoms): Reason for Exam (Signs & Symptoms):	

<input type="checkbox"/> Echocardiogram 2D Complete [ECH10]	<b>REQUIRED</b>
Routine, 1 time imaging Reason for Exam: Bubble Study: Yes Contrast: Where should test be performed? Transport Mode: Preferred Interpreter:	

**IV Fluids**

**IV Fluids (Single Response) [408000013]**

<input type="checkbox"/> sodium chloride 0.9% (NS) infusion [27838]	100 mL/hr, IntraVENous, Continuous
<input type="checkbox"/> Saline Lock and Flush Panel [408130108]	
<input type="checkbox"/> sodium chloride 0.9 % syringe [7319]	10 mL, IntraCatheter, Every 8 hours, STAT
<input type="checkbox"/> Saline lock IV [IVT11]	STAT, Continuous

**Provider's Initial:** \_\_\_\_\_

# Medications

Provider to discontinue all sleep aids.

## Pharmacy Communication [408000049]

[X] Mix all piggybacks in 0.9% sodium chloride (Normal Saline) [CON100]      Routine, Once For Until specified

## Antihypertensive [231665]

[ ] Anti-hypertensive: FIRST CHOICE (Single Response) [200423]

( ) labetalol (TRANDATE) injection [10372]      10 mg, IntraVENous, As needed, high blood pressure, see admin instructions, For 2 Doses  
Infuse over 2 minutes. May repeat times 1 after 10 minutes if drip not available.  
Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. The Goal SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.

( ) enalaprilat (VASOTEC) injection [9929]      0.625 mg, IntraVENous, As needed, high blood pressure, see admin instructions  
May repeat times 1 dose in 1 hour, then 0.625 mg IV every 6 hours PRN to maintain BP goal.  
Give this medication 1st. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 1st. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. The Goal SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.

[ ] Anti-hypertensive: SECOND CHOICE (Single Response) [155078]

( ) labetalol (TRANDATE) injection [10372]      10 mg, IntraVENous, As needed, high blood pressure, see admin instructions, For 2 Doses  
May repeat times 1 after 10 minutes if drip not available. Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. The Goal SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.

Provider's Initial: \_\_\_\_\_

<input type="checkbox"/> enalaprilat (VASOTEC) injection [9929]	0.625 mg, IntraVENous, As needed, high blood pressure, see admin instructions May repeat times 1 dose in 1 hour, then 0.625 mg IV every 6 hours PRN to maintain BP goal. Give this medication 2nd if first medication is ineffective. Nurse to call provider to clarify if multiple orders with the same therapeutic indication are numbered to give 2nd. If duplicative therapeutic orders are NOT numbered, nurse to call the prescriber for clarification. The Goal SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.
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**Antihypertensive Infusion [40800004]**

NOTE: Number only those medications desired. The nurse will select #1 as the first medication to be given. If ineffective, #2 will be used next. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.

<input type="checkbox"/> niCARDipene (CARDENE) infusion [400763]	<div style="text-align: right;"><b>REQUIRED</b></div> 5 mg/hr, IntraVENous, Titrated Antihypertensive IV: {Please select from list:40800002} Titrate to desired BP (blood pressure) goal by increasing dose by 2.5 mg/hour every 5 minutes to a maximum dose of 15 mg/hour as needed to maintain BP goal. (Requires PCU level of care) The Goal SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.
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<input type="checkbox"/> labetalol (NORMODYNE) infusion [400483]	<div style="text-align: right;"><b>REQUIRED</b></div> 2 mg/min, IntraVENous, Titrated Antihypertensive IV: {Please select from list:40800002} Titrate to desired BP (blood pressure) goal by increasing dose by 1 to 2 mg/minute every 10 minutes up to a maximum dose of 8 mg/minute as needed to maintain BP goal. (Requires ICU level of care) The Goal SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.
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Provider's Initial: \_\_\_\_\_



**Antihypertensive PO (Single Response) [408000005]**

NOTE: Number only those medications desired. The nurse will select #1 as the first medication to be given. If orders ineffective, #2 will be used next. If orders chosen are not numbered, the nurse will contact the prescriber for clarification.

<input type="checkbox"/> cloNIDine (CATAPRES) tablet [1755]	<p style="text-align: right;"><b>REQUIRED</b></p> 0.1 mg, Oral, Every 6 hours PRN, to maintain BP goal Med choice: {Please select from list:40800002} The Goal SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.
<input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet [13089]	<p style="text-align: right;"><b>REQUIRED</b></p> 2.5 mg, Oral, Every 12 hours PRN, to maintain BP goal Med choice: {Please select from list:40800002} Do not give if patient already receiving IV enalapril (Vasotec). The Goal SBP for TPA use is 140-180 mmHg and a DBP less than 105 mmHg. The Goal SBP for Non-TPA/TIA is 160-220 mmHg and DBP less than 120 mmHg.

**Hypotension Infusion [408000014]**

<input type="checkbox"/> phenylephrine (NEO-SYNEPHRINE) infusion 0.08 mg/mL [400764]	60 mcg/min, IntraVENous, Titrated Titrate to desired BP goal by increasing dose by 10-20 mcg/minute every 10 minutes to a maximum dose of 180 mcg/minute (Requires ICU level of care).
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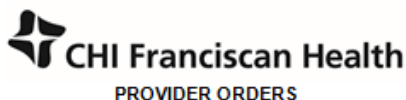
**Acid Reduction Therapy [408000021]**

<input type="checkbox"/> Famotidine IV or PO [408000018]	<p style="text-align: right;"><b>"Or" Linked Panel</b></p>
<input type="checkbox"/> famotidine (PEPCID) tablet [10011]	20 mg, Oral, 2 times daily
<input type="checkbox"/> famotidine (PEPCID) IV syringe [122822]	20 mg, IntraVENous, at 300 mL/hr, 2 times daily

**Antipyretic [408000020]**

<input type="checkbox"/> acetaminophen oral or rectally [231664]	<p style="text-align: right;"><b>"Or" Linked Panel</b></p>
<input type="checkbox"/> acetaminophen (TYLENOL) tablet [101]	650 mg, Oral, Every 6 hours PRN, temperature, Temp > 37.6 C or 99.6 F If unable to take PO use suppository. Goal temperature is normal 37.0 C or 98.6 F.
<input type="checkbox"/> acetaminophen (TYLENOL) suppository [105]	650 mg, Rectal, Every 6 hours PRN, temperature, Temp > 37.6 C or 99.6 F Goal temperature is normal 37.0 C or 98.6 F.

Provider's Initial: \_\_\_\_\_



**Antiplatelet Agents - Aspirin Group (Single Response) [408000015]**

NOTE: Hold for 24 hours for patients who have received IV tPA. Please specify the appropriate start date / time.

<input type="checkbox"/> aspirin 324 mg PO or 300 mg PR [408000016]		<b>"Or" Linked Panel</b>
<input type="checkbox"/> aspirin chewable tablet 81 mg [679]		324 mg, Oral, Daily Hold for 24 hours for patients who have received IV TPA. If patient fails swallow screen or unable to take oral medication, then administer the 300 mg rectal suppository daily.
<input type="checkbox"/> aspirin suppository [693]		300 mg, Rectal, Daily If patient fails swallow screen or unable to take oral medication. Hold for 24 hours for patients who have received IV TPA.
<input type="checkbox"/> aspirin 325 mg PO or 300 mg PR [408000017]		<b>"Or" Linked Panel</b>
<input type="checkbox"/> aspirin tablet [681]		325 mg, Oral, Daily Hold for 24 hours for patients who have received IV TPA. If patient fails swallow screen or unable to take oral medication, then administer the 300 mg rectal suppository daily.
<input type="checkbox"/> aspirin suppository [693]		300 mg, Rectal, Daily If patient fails swallow screen or unable to take oral medication. Hold for 24 hours for patients who have received IV TPA.
<input type="checkbox"/> dipyridamole-aspirin (AGGRENOX) 12 hr capsule 25-200 mg [27644]		1 capsule, Oral, 2 times daily Hold for 24 hours for patients who have received IV TPA. Contraindicated if failed swallow screen.
<input type="checkbox"/> Reason for no antithrombotic by EOD 2 [COR26]		<b>REQUIRED</b> Reason for not administering antithrombotic therapy by end of day 2?

Provider's Initial: \_\_\_\_\_

**Antiplatelet Agents - Plavix Group [128328]**

NOTE: Hold for 24 hours for patients who have received IV tPA. Please specify the appropriate start date / time.

<input type="checkbox"/>	clopidogrel (PLAVIX) tablet [22142]	75 mg, Oral, Daily, Starting S+1 Hold for 24 hours for patients who have received IV TPA.
<input type="checkbox"/>	clopidogrel (PLAVIX) tablet [22142]	300 mg, Oral, Once (expires in 36 hours), For 1 Doses Loading dose. Hold for 24 hours for patients who have received IV TPA.
<input type="checkbox"/>	clopidogrel (PLAVIX) tablet [22142]	600 mg, Oral, Once (expires in 36 hours), For 1 Doses Loading dose. Hold for 24 hours for patients who have received IV TPA.

**Statin Therapy (Single Response) [408000019]****REQUIRED**

<input type="checkbox"/>	atorvastatin (LIPITOR) tablet [170660]	10 mg, Oral, Nightly
<input type="checkbox"/>	atorvastatin (LIPITOR) tablet [170660]	20 mg, Oral, Nightly
<input type="checkbox"/>	atorvastatin (LIPITOR) tablet [170660]	40 mg, Oral, Nightly
<input type="checkbox"/>	Do NOT give statin medication [COR24]	<b>REQUIRED</b> Due to:

**VTE Risk Assessment & Orders****VTE Prophylaxis Orders [174026]****REQUIRED**

Select the VTE Risk &amp; Bleeding Level for your patient. Additional Orders will display for selection.

<input type="checkbox"/>	0-1 Risk Score & LOW or HIGH Bleeding Risk [174038]	
<input type="checkbox"/>	Low Risk of VTE [COR41]	Early ambulation - No mechanical or pharmacological VTE prophylaxis required. VTE Risk Level Very Low to Low.
<input type="checkbox"/>	2-5 Risk Score & LOW Bleeding Risk [SCDs - enoxaparin - heparin] [174033]	

For Patients with a VTE Risk score of 5 or more, choose SCDs and Pharmacological Prophylaxis.

<input type="checkbox"/>	enoxaparin (LOVENOX) injection [520296]	40 mg, SubCutaneous, Daily
<input type="checkbox"/>	heparin (porcine) injection 5,000 units/mL [10181]	5,000 Units, SubCutaneous, Every 8 hours
<input type="checkbox"/>	Pharmacy Consult - Alternate Dosing/Alternate Medications [400993]	<b>REQUIRED</b> See admin instructions

Provider's Initial: \_\_\_\_\_

Apply Sequential Compression Device [NUR815] Routine, Until discontinued, Starting S  
Sequential Compression Device (SCD) - Extremity: Lower  
Extremity (Leg)  
Sequential Compression Device (SCD) - Height: Knee high  
Sequential Compression Device (SCD) - Location: Bilateral  
May use SCD's in place of medications.

2-5 Risk Score & High Bleeding Risk [SCDs] [174028]

Apply Sequential Compression Device [NUR815] Routine, Until discontinued, Starting S  
Sequential Compression Device (SCD) - Extremity: Lower  
Extremity (Leg)  
Sequential Compression Device (SCD) - Height: Knee high  
Sequential Compression Device (SCD) - Location: Bilateral

Reason for no VTE Prophylaxis [174029]

Reason for no mechanical VTE prophylaxis [COR25] Reason: Unable to wear due to size or injury

Reason for no pharmacologic VTE prophylaxis (Absolute / Relative contraindications) [COR25] **REQUIRED**  
Reason:  
Fully anticoagulated NOTE: Effective anticoagulation regimen(s) include warfarin adjusted to minimum INR 2-3, rivaroxaban (Xarelto), dabigatran (Pradaxa), heparin/argatroban/bivalirudin infusions, enoxaprin 1.5 mg/kg daily / 1 mg/kg every 12 hours / 1 mg/kg every 24 hours for CrCl less than 30 ml/minute.

Continuing Prior to Admission VTE Pharmacologic Prophylaxis [COR25] **REQUIRED**  
Reason for no VTE prophylaxis or only Graduated Compression Stockings at admission?

**Labs [123477]**

If Heparin or enoxaparin (Lovenox) ordered. Baseline Hemogram THEN every 3 days.

CBC, no diff (hemogram) [LAB294] Every 72 hours  
If Heparin or enoxaparin (Lovenox) ordered. Baseline Hemogram THEN every 3 days.

DATE

TIME

ORDERING PROVIDER PRINT NAME

PROVIDER SIGNATURE

DATE

TIME

RN ACKNOWLEDGED

