Physician Orders ADULT: DVT Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
  T;N, Phase: DVT Phase, When to Initiate: ____________________________

DVT Phase
Admission/Transfer/Discharge

- Patient Status Initial Outpatient
  T;N, Attending Physician: __________________________________________
  Reason for Visit: __________________________________________________
  Bed Type: ___________________________ Specific Unit: _____________________
  Outpatient Status/Service OP-OBSERVATION Services

- Patient Status Initial Inpatient
  T;N Admitting Physician: _____________________________________________
  Reason for Visit: ____________________________________________________
  Bed Type: ___________________________ Specific Unit: _____________________
  Care Team: ___________________________ Anticipated LOS: 2
            midnights or more

- Notify Physician-Once
  T;N, Notify of room number upon admission

Vital Signs

- Vital Signs
  T;N, Monitor and Record T,P,R,BP, q4h(std)

Activity

- Bedrest
  T;N, Routine

- Bedrest w/BRP
  T;N

Food/Nutrition

- American Heart Association Diet
  Start at: T;N

- Consistent Carbohydrate Diet

- Regular Adult Diet
  Start at: T;N

Patient Care

- INT Insert/Site Care
  T;N,Routine,q4day

- Elevate
  T;N, Area: Affected Extremity, Elevate For at all times

- Consent Signed For
  T;N, Procedure: For IVC Filter Placement

Continuous Infusion
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☐ Sodium Chloride 0.9%
   1,000 mL, IV, Routine, 100 mL/hr
☐ Sodium Chloride 0.45%
   1,000 mL, IV, Routine, 100 mL/hr

In addition to this Plan, please use the "Heparin VTE Protocol Orders" if needed for this patient. (NOTE)*

Medications
☐ Pharmacy Consult - Warfarin Dosing
   T;N, Routine, Reason: Warfarin Dosing
☐ warfarin
   mg, Tab, PO, QDay, Routine
☐ pantoprazole
   40 mg, DR Tablet, PO, QDay, Routine
☐ pantoprazole
   40 mg, Granule, NG, QDay, Routine
☐ pantoprazole
   40 mg, Injection, IV Push, QDay, Routine

Laboratory
☐ D-Dimer Quantitative
   Routine, T;N, once, Type: Blood
☐ CBC
   Routine, T;N, once, Type: Blood
☐ BMP
   Routine, T;N, once, Type: Blood
☐ CMP
   Routine, T;N, once, Type: Blood
☐ Urinalysis
   Routine, T;N, once, Type: Urine, Nurse Collect
☐ Urinalysis w/Reflex Microscopic Exam
   Routine, T;N, once, Type: Urine, Nurse Collect
☐ CBC
   Routine, T+1:0400, once, Type: Blood
☐ BMP
   Routine, T+1:0400, once, Type: Blood
☐ CMP
   Routine, T+1:0400, once, Type: Blood
☐ PT/INR
   Routine, T+1:0400, qam, Type: Blood
☐ PTT
   Routine, T+1:0400, qam, Type: Blood
☐ HyperCoagulation Panel
   Routine, T+1:0400, qam, Type: Blood

Diagnostic Tests: Include Reason for Exam
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☐ US Ext Lower Ven Doppler W Compress Bil
   T;N,Reason for Exam: Other, Enter in Comments, Other reason: DVT,Routine,Stretcher

☐ US Ext Lower Ven Doppler W Compress LT
   T;N,Reason for Exam: Other, Enter in Comments, Other reason: DVT,Routine,Stretcher

☐ US Ext Lower Ven Doppler W Compress RT
   T;N,Reason for Exam: Other, Enter in Comments, Other reason: DVT,Routine,Stretcher

☐ CT Thorax W Cont
   T;N,Reason for Exam: Other, Enter in Comments, Other reason: PE,Stretcher

☐ NM Pulm Ventilation and Perfusion Img

☐ SP Venogram Caval Inferior W Serialogram
   T;N,Reason for Exam: Other, Enter in Comments, Other reason: PE,Routine,Stretcher

☐ Chest 1VW Frontal
   T;N,Reason for Exam: Other, Enter in Comments, Other reason: PE,Routine,Portable

☐ Chest 2VW Frontal & Lat
   T;N,Reason for Exam: Other, Enter in Comments, Other reason: DVT,Routine,Stretcher

Consults/Notifications/Referrals

☐ Consult Case Management
   T;N,Routine,Reason: Lovenox injection

☐ Consult Clinical Dietitian
   T;N,Special Instructions: Routine, Reason: Diet in relation to Coumadin Therapy

☐ Consult Clinical Pharmacist
   Start at: T;N, Reason: medication adjustment for Renal Function, Special Instructions: Routine

☐ Consult Clinical Pharmacist
   Start at: T;N, Reason: Coumadin Teaching, Special Instructions: Routine

☐ Consult MD
   T;N,Consult: General Surgery, Reason for Consult: IVC filter placement

☐ Consult Clinical Pharmacist
   Start at: T;N, Reason: Lovenox Bridge, Special Instructions: Routine

Date Time Physician’s Signature MD Number

*Report Legend:*
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
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IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order