**FOR DOWNTIME USE ONLY**

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**PHARMACY STAT**
(Place X in Box)

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**DATE** | **TIME** | **HOSPITAL**
--- | --- | ---

**SWING ADMISSION ORDERS**

*Reminder: Print name & ID # under signature. Date, time all orders.*

**ALLERGIES:** ____________________________________________________  Current Actual Weight: ______ kg (2.2 pounds = 1 kg)

**Patient Care:**

- [ ] POCT Glucose-Monitor
- [x] Monthly review and renewal of treatment plan by physician
- [x] Weigh patient every week x4
- [x] Weigh patient on admission

**Activity:**

- [ ] Weight Bearing Status, Lower Extremity
- [ ] Weight Bearing Status, Upper Extremity
- [ ] Up with Assistance
- [ ] Up ad Lib
- [ ] Up in Wheelchair
- [ ] Up to Chair
- [ ] Bedrest with Bathroom Privileges
- [ ] Bedrest-Strict
- [ ] Bedrest with Fall Precaution
- [ ] Bedrest/Reposition every 2 hrs
- [ ] Out of Bed to chair
- [ ] Ambulate

**Diet:**

- [ ] Regular Diet
- [ ] Full Liquid Diet
- [ ] 2 Gram Sodium Diet
- [ ] Diabetic High CHO (1900-2200KCAL)
- [ ] Diabetic Low CHO (1200-1500KCAL)
- [ ] Diabetic Moderate CHO (1600-1800KCAL)
- [ ] Low Fat/Low Cholesterol/2 GM NA
- [ ] Soft Diet

**Therapies:**

- [ ] Physical Therapy Evaluation and Treatment SWING- SNF
- [ ] Occupational Therapy Evaluation and Treatment SWING-SNF
- [ ] Speech Language Pathology Bedside Swallow Evaluation and Treatment
- [ ] Speech Language Pathology Communication Evaluation and Treatment SWING-SNF

**Consults/Referrals:**

- [ ] Consult to Psychiatry
- [x] Consult to Case Management for transition/discharge
- [x] Consult to Nutrition Services

**Communication Orders:**

- [x] Vital Signs
  - Qshift
- [ ] Notify Treating Provider (Vital Signs)
  - *Constant Indicator, SBP greater than 160 mmHg, SBP less than 90 mmHg, Diastolic BP greater than 110 mmHg, HR greater than 100 beats/min, HR less than 60 beats/min, Temp greater than 38 degrees Celsius*
- [ ] Falls Precaution
- [ ] Aspiration Precaution
- [ ] Notify Provider
  - *If no bowel movement in 24 hours after initiating bowel regimen.*
- [ ] Patient Isolation/Precautions
  - *Droplet/Contact COVID19, Use PPE as recommended in BHSF protocols*

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Physician’s Signature: ____________________________ Date: _______ Time: _______

Print Physician’s Name: __________________________ ID: ____________

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**SCANNED DATE:** _______ **TIME:** _______ **INITIALS:** _______

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*07600Y0281*
## VTE PROPHYLAXIS FOR ADULT PATIENTS ORDERS

**Reminder:** Print name & ID # under signature. Date, time all orders.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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**ALLERGIES:** ____________________________________________

**For ALL patients, must start within 12 hours of admission or post op or reason documented.**

**Chemical prophylaxis:** If contraindicated, please address mechanical prophylaxis

- [ ] Already on therapeutic anticoagulation or VTE prophylaxis
- [ ] Chemical prophylaxis contraindicated.
  - Reason: [ ] Active hemorrhage  [ ] Coagulopathy (INR greater than 2)  [ ] Epidural Catheter  [ ] Platelet count less than 20,000
  - [ ] Other, please document in progress note risk vs. benefit

**For surgical patients start anticoagulation:** *Surgery end time:__________*

- [ ] 12 hours post op

**For medical patients start anticoagulation:** *Date/Time:__________/__________*

Choose one of the following medications:

- [ ] Enoxaparin (Lovenox) 40 mg SubQ every 24 hours
- [ ] Enoxaparin (Lovenox) 30 mg SubQ every 24 hours (for CrCl 15 - 30 mL/min)
- [ ] Enoxaparin (Lovenox) 40 mg SubQ every 12 hours (for BMI greater than 40)
- [ ] Fondaparinux (Arixtra) 2.5 mg SubQ every 24 hours (Contraindicated in patient with CrCl less than 30 mL/min or actual body weight less than 50 kg)
- [ ] Heparin 5,000 units SubQ every 8 hours
- [ ] Rivaroxaban 10 mg PO daily *(Do not use in patients with CrCl less than 30 mL/min)*
  
  Only to be considered in adult patients hospitalized with expected length of stay of 72 hours or longer for acute medical illness (e.g., Heart failure, respiratory failure, acute infections, etc.).
  
  Total duration of therapy = 31 to 39 days (including hospitalization and post-discharge)

**May use one of the following alternative regimens if applicable:**

- [ ] Post op hip or knee replacement patients ONLY: Rivaroxaban (Xarelto) 10 mg PO once daily *(Do not use in patients with CrCl less than 30 mL/min)*
- [ ] Post op hip or knee replacement patients ONLY: Apixaban (Eliquis) 2.5 mg PO twice daily (Use with caution in patients with CrCl less than 30 mL/min)
- [ ] Post op knee replacement patients: Enoxaparin (Lovenox) 30 mg SubQ every 12 hours
- [ ] Post op bariatric surgical patients: Enoxaparin (Lovenox) 40 mg SubQ every 12 hours

**Monitoring orders for patients on chemical prophylaxis:**

- Baseline CBC,
- Serum creatinine,
- PT/INR/P.TT.
- CBC every 48 hours x 5 days or until discharged.
- Bleeding precautions.

**Mechanical prophylaxis:**

- Intermittent pneumatic compression devices:
  - [ ] Both legs  [ ] Left only  [ ] Right only
  - [ ] Mechanical prophylaxis contraindicated. Reason: ______________________________________________________
  - [ ] Early ambulation for all patients when possible, with assistance if necessary. See activity order.

**Physician’s Signature:** ____________________________ **Date:** ________ **Time:** ________

**Print Physician’s Name:** ____________________________ **ID:** ____________________________

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**SCANNED DATE:_________ TIME:_________ INITIALS:_________**

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**07600Y0281**