

(place patient label here)

Patient Name: _____

Order Set Directions:

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PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type: _____

Pulmonary Embolism-PE/ Deep Vein Thrombosis-DVT

Version 3 4/10/17

Medications

Thrombolytic Agents

- For most patients with acute pulmonary embolism who are hemodynamically stable, avoid the routine use of thrombolytic therapy.
- For appropriately selected patients without contraindications who have confirmed acute pulmonary embolism and are hemodynamically unstable, consider the use of thrombolytic therapy.
- Contraindications for thrombolytic therapy are as follows:
 - > History of hemorrhagic stroke
 - > Active intracranial neoplasm
 - > Recent (<2 months) intracranial surgery or trauma
 - > Active or recent internal bleeding in prior 6 months
 - > Bleeding diathesis
 - > Uncontrolled severe hypertension (SPB > 200 mmHg or DPB > 110 mmHg)
 - > Non-hemorrhagic stroke in prior 2 months
 - > Surgery within previous 10 days
 - > Thrombocytopenia (<100,000 platelets per mm³)

alteplase (ACTIVASE)

- ☐ 100 milligram intravenously once infuse over 2 hours; (Start heparin infusion after alteplase infusion complete if ordered)

Anticoagulants

Unfractionated Heparin

Weight-based Heparin Infusion Protocol WITH loading dose (Select both)

- ☐ 80 unit/kilogram intravenously once loading dose (MAX 10,000 units) and initiate Standard Dose Heparin Weight Based Protocol; (Pharmacy to adjust dosing weight as needed)
- ☐ 18 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per Standard Dose Heparin Weight Based Protocol(Pharmacy to adjust dosing weight as needed)

Weight-based Heparin Infusion Protocol WITHOUT loading dose

- ☐ 18 unit/kilogram per hour continuous intravenous infusion maintenance dose and titrate per Standard Dose Heparin Weight Based Protocol(Pharmacy to adjust dosing weight as needed)

Low-Molecular-Weight Heparin

enoxaparin (LOVENOX)

- ☐ 1.5 milligram/kilogram subcutaneously every 24 hours
- ☐ 1 milligram/kilogram subcutaneously every 12 hours
- ☐ 1 milligram/kilogram subcutaneously every 24 hours (Renal dysfunction: GFR < 30 mL/min)

Factor Xa Inhibitors

fondaparinux (ARIXTRA)(weight less than 50 kilogram)

- ☐ 5 milligram subcutaneously once a day

fondaparinux (ARIXTRA)(weight 50 kilogram to 100 kilogram)

- ☐ 7.5 milligram subcutaneously once a day

fondaparinux (ARIXTRA)(weight greater than 100 kilogram)

- ☐ 10 milligram subcutaneously once a day

Initials _____

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Vitamin K Antagonist

warfarin (COUMADIN) with loading dose

warfarin (COUMADIN)

- ☐ 10 milligram orally once start on _____ Loading dose
- ☐ 5 milligram orally once a day start on _____ maintenance dose start day after loading dose

warfarin (COUMADIN) without loading dose

warfarin (COUMADIN)

- ☐ 5 milligram orally once a day start on _____
- ☐ 10 milligram orally once a day start on _____

Bronchodilators : Nebulized

albuterol-ipratropium 2.5 mg-0.5 mg/3 mL soln for inhalation (DUONEB)

- ☐ 3 milliliter by nebulizer every 4 hours
- ☐ 3 milliliter by nebulizer every 4 hours, while awake

albuterol 2.5 mg/3 mL (0.083 %) solution for nebulization (VENTOLIN)

- ☐ 2.5 milligram by nebulizer every 4 hours
- ☐ 2.5 milligram by nebulizer every 4 hours, while awake
- ☐ 2.5 milligram by nebulizer every 2 hours as needed for shortness of breath or wheezing

ipratropium 0.5 mg/2.5 mL neb solution (ATROVENT)

- ☐ 0.5 milligram by nebulizer every 4 hours
- ☐ 0.5 milligram by nebulizer every 4 hours, while awake

Laboratory

- ☐ CBC/AUTO DIFF
- ☐ Basic metabolic panel
- ☐ Comprehensive metabolic panel
- ☐ Magnesium (Mg) level, serum
- ☐ Phosphorus level, serum
- ☐ HYPER COAGULATION PANEL
- ☐ Troponin-I
- ☐ NT pro-BNP
- ☐ Blood gas study: Arterial
- ☐ DIC SCREEN
- ☐ D DIMER ☐ PT (PROTIME AND INR)
- ☐ PTT

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PROVIDER ORDERS

Radiology and Diagnostic Tests

CT PE Chest

- ☐ stat Reason for exam: _____

XR Chest Single , portable

- ☐ stat Reason for exam: _____

- ☐ routine in AM Reason for exam: _____

XR Chest PA and Lateral AP and lateral

- ☐ stat Reason for exam: _____

- ☐ routine in AM Reason for exam: _____

NM Lung Vent and Perfusion

- ☐ routine Reason for exam: _____

US lower extremity, venous Doppler

- ☐ routine [] Right [] Left [] Bilateral Reason for exam: _____

ECHO, Transthoracic Complete

- ☐ stat ICD 9 Indications: _____ Contrast? [] Yes [] No Agitated

Saline (Bubble Study) [] Yes [] No Additional Instructions: _____

- ☐ routine ICD 9 Indications: _____ Contrast? [] Yes [] No Agitated

Saline (Bubble Study) [] Yes [] No Additional Instructions: _____

ECHO, Transesophageal

- ☐ routine **Cardiology Consult required** Reason for exam: _____

Additional Instructions: _____

- ☐ IR Miscellaneous Reason for exam: inferior vena cava filter

Additional Instructions _____

Specific Procedure Requested _____

Consults

- Physician to physician notification preferred

- ☐ Consult other provider _____ regarding

_____ Does nursing need to contact
consulted provider? [] Yes [] No

Provider Signature: _____ Date: _____ Time: _____