

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

ED PE/DVT

Version 4 4/2/19

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard: _____
- Cardiac monitor
- Pulse oximetry continuous
- Oxygen Delivery RN/RT to Determine Titrage to maintain Oxygen saturation greater than 90%

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids

- Sodium Chloride 0.9% IV
 - 125 milliliter/hour continuous intravenous infusion

Medications

Thrombolytic Agents

- Contraindications for thrombolytic therapy: see attached link
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 with loading dose (Select both)
 - 80 unit/kilogram intravenously once loading dose (MAX 10,000 units) and initiate Standard Dose Heparin Weight Based Protocol
 - 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
- Weight-based Heparin Infusion NO loading dose
 - 18 unit/kilogram per hour continuous intravenous infusion titrate per Standard Dose Heparin Weight Based Protocol

Low-Molecular-Weight Heparin

For weight < 60 kg Select:

- enoxaparin (LOVENOX)
 - 1 milligram/kilogram weight < 60 kg subcutaneously once

For weight 61-80 kg Select:

- enoxaparin (LOVENOX)
 - 1 milligram/kilogram weight 61-80 kg subcutaneously once

For weight 81-100 kg Select:

- enoxaparin (LOVENOX)
 - 1 milligram/kilogram weight 81-100 kg subcutaneously once

For weight 101-120 kg Select:

- enoxaparin (LOVENOX)
 - 1 milligram/kilogram weight 101-120 kg subcutaneously once

For weight 121-150 kg Select:

- enoxaparin (LOVENOX)
 - 1 milligram/kilogram weight 121-150 kg subcutaneously once

Initials _____

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Factor Xa Inhibitors

For weight < 50 kilogram Select:

- fondaparinux (ARIXTRA)
 - 5 milligram subcutaneously once

For weight 50-100 kilogram Select:

- fondaparinux (ARIXTRA)
 - 7.5 milligram subcutaneously once

For weight > 100 kilogram Select:

- fondaparinux (ARIXTRA)(weight greater than 100 kilogram)
 - 10 milligram subcutaneously once

- rivaroxaban (XARELTO)
 - 15 milligram orally once

Vitamin K Antagonists

- warfarin (COUMADIN)
 - 5 milligram orally once
 - 10 milligram orally once

Bronchodilators : Nebulized

- albuterol-ipratropium 2.5 mg-0.5 mg/3 mL soln for inhalation (DUONEB)
 - 3 milliliter by nebulizer once
- albuterol 2.5 mg/0.5 mL solution for nebulization (VENTOLIN)
 - 2.5 milligram by nebulizer once
- ipratropium 0.5 mg/2.5 ml neb solution (ATROVENT)
 - 0.5 milligram by nebulizer once

Laboratory

- CBC/AUTO DIFF
- BASIC METABOLIC PANEL
- COMPREHENSIVE METABOLIC PANEL
- TROPONIN I
- NT pro-BNP
- D DIMER
- PT (PROTIME AND INR)
- PTT
- Blood gas study; Arterial

Radiology and Diagnostic Tests

- ED ECG (ED Provider Only) Reason for exam: _____
- CT PE Chest Reason for exam: _____
- XR Chest Single , portable, Reason for exam: _____
- XR Chest PA and Lateral AP and lateral, Reason for exam: _____
- NM Lung Vent and Perfusion Reason for exam: _____
- US lower extremity, venous Doppler []Right []Left [] Bilateral Reason for exam: _____

Consults

- Physician to physician notification preferred
 - Consult other provider _____ regarding _____ Does nursing need to contact consulted provider? [] Yes [] No

Provider Signature: _____ Date: _____ Time: _____