



If the patient still refused the orders, there is evidence that the nurse notified the doctor at the time of the refusal and the reason the patient was refusing. (Write N/A if not refused)										
If the patient still refused the orders, there is evidence that the doctor came to the bedside and spoke with the patient in a timely manner. (Write N/A if not refused)										
<b>Pharmacy Management</b>										
If on anticoagulants, there is evidence that the pharmacy actively monitored chemoprophylaxis.										
<b>Measure-vention</b>										
If prophylaxis was not ordered or administered appropriately, there is evidence that another process flagged the failure and led to proper care.										
<b>Patient and Family Education Engagement (PFE)</b>										
There is evidence that the patient's VTE risk history was discussed with the patient and/or family.										
There is evidence that the both patient's need for prophylaxis and prophylaxis interventions were explained to and understood by the patient and/or family using Teach-Back.										
There is evidence that the need to adhere to all prophylaxis interventions each and every time, and the ramifications of not doing so, were explained to and understood by the patient and/or family using Teach-Back.										
There is evidence that the patient's concerns with prophylaxis, if any, were discussed and where possible, mitigated.										