Sports Medicine Upper Extremity Post-Op [1800]

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Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judg and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospit services for two or more midnights.	Admit to Inpatient	
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progress notes, I expect that the patient will need hospit services for two or more midnights.		
services for two or more midnights.		
		PACU & Post-op
·		Page 1

Admission or Observation (Single Response) Patient has active outpatient status order on file

() Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient absorbation consists under sonard	PACU & Post-op Diagnosis:
() Outpatient observation services under general supervision	Admitting Physician:
Supervision	Patient Condition:
	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Diagnosis:
,	Admitting Physician:
	Bed request comments:
	PACU & Post-op
() Transfer patient	Level of Care:
	Bed request comments:
() B	Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response) Patient has active status order on file	
() Admit to inpatient	Diagnosis: Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() T	PACU & Post-op
	1 1 (0
() Transfer patient	Level of Care:
() Transfer patient	Bed request comments:
	Bed request comments: Scheduling/ADT
·	Bed request comments:
() Return to previous bed	Bed request comments: Scheduling/ADT
() Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT
() Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Level of Care:
() Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT
() Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file () Transfer patient	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Level of Care: Bed request comments:
() Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file () Transfer patient () Return to previous bed	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file () Transfer patient () Return to previous bed	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file () Transfer patient () Return to previous bed Code Status	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT
() Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file () Transfer patient () Return to previous bed Code Status [] Full Code [] DNR (Do Not Resuscitate)	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by: Post-op
() Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file () Transfer patient () Return to previous bed Code Status [] Full Code	Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by:

[1] Consult to Dollistics Cons Consiss	Dai saite a
[] Consult to Palliative Care Service	Priority: Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
[1] Contain to Coolai Tronk	Post-op
[] Modified Code	Does patient have decision-making capacity?
	Modified Code restrictions:
	Post-op
[] Treatment Restrictions	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:
	Post-op
Isolation	
[] Airborne isolation status	Details
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
	Deat on
[] Aspiration precautions	Post-op
[] Fall precautions	Increased observation level needed: Post-op
[] Latex precautions	Post-op
Seizure precautions	Increased observation level needed:
[] Ocizare precautions	Post-op
	*
Nursing	
Vital Signs	
[] Vital signs - T/P/R/BP (Q15min)	Routine, Every 15 min
,	Times 4, then every 30 minutes times 4, then every hour times
	4, then
	every 4 hours times 24 hours, then every 8 hours if stable.,
	PACU & Post-op
[] Vital signs - T/P/R/BP (Q4 hours)	
	PACU & Post-op
Activity	PACU & Post-op Routine, Every 4 hours, Post-op
	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily
Activity	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall
Activity	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily
Activity [] Ambulate patient	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall
Activity [] Ambulate patient Nursing Assessments	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op
Activity [] Ambulate patient	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op Routine, Per unit protocol
Activity [] Ambulate patient Nursing Assessments	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op
Activity [] Ambulate patient Nursing Assessments [] Peripheral vascular assessment	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op Routine, Per unit protocol
Activity [] Ambulate patient Nursing Assessments [] Peripheral vascular assessment Nursing Interventions	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op Routine, Per unit protocol Until discharge., Post-op
Activity [] Ambulate patient Nursing Assessments [] Peripheral vascular assessment	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op Routine, Per unit protocol Until discharge., Post-op Routine, Until discontinued, Starting S
Activity [] Ambulate patient Nursing Assessments [] Peripheral vascular assessment Nursing Interventions	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op Routine, Per unit protocol Until discharge., Post-op Routine, Until discontinued, Starting S Upper extremity non-weight bearing at all times. Sling at all
Activity [] Ambulate patient Nursing Assessments [] Peripheral vascular assessment Nursing Interventions [] Arm sling	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op Routine, Per unit protocol Until discharge., Post-op Routine, Until discontinued, Starting S Upper extremity non-weight bearing at all times. Sling at all times., Post-op
Activity [] Ambulate patient Nursing Assessments [] Peripheral vascular assessment Nursing Interventions [] Arm sling [] Intake and output	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op Routine, Per unit protocol Until discharge., Post-op Routine, Until discontinued, Starting S Upper extremity non-weight bearing at all times. Sling at all
Activity [] Ambulate patient Nursing Assessments [] Peripheral vascular assessment Nursing Interventions [] Arm sling [] Intake and output [] Insert and Maintain Foley	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op Routine, Per unit protocol Until discharge., Post-op Routine, Until discontinued, Starting S Upper extremity non-weight bearing at all times. Sling at all times., Post-op Routine, Every 12 hours, Post-op
Activity [] Ambulate patient Nursing Assessments [] Peripheral vascular assessment Nursing Interventions [] Arm sling [] Intake and output	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op Routine, Per unit protocol Until discharge., Post-op Routine, Until discontinued, Starting S Upper extremity non-weight bearing at all times. Sling at all times., Post-op Routine, Every 12 hours, Post-op Routine, Once
Activity [] Ambulate patient Nursing Assessments [] Peripheral vascular assessment Nursing Interventions [] Arm sling [] Intake and output [] Insert and Maintain Foley	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op Routine, Per unit protocol Until discharge., Post-op Routine, Until discontinued, Starting S Upper extremity non-weight bearing at all times. Sling at all times., Post-op Routine, Every 12 hours, Post-op
Activity [] Ambulate patient Nursing Assessments [] Peripheral vascular assessment Nursing Interventions [] Arm sling [] Intake and output [] Insert and Maintain Foley	PACU & Post-op Routine, Every 4 hours, Post-op Routine, Daily Specify: in hall Post-op Routine, Per unit protocol Until discharge., Post-op Routine, Until discontinued, Starting S Upper extremity non-weight bearing at all times. Sling at all times., Post-op Routine, Every 12 hours, Post-op Routine, Once Type:

[] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: to gravity
	Post-op
[] Foley catheter - discontinue	Routine, Once, Starting S+1 Post-op day ***, Post-op
[] Straight cath	Routine, Every 6 hours As needed., Post-op
[] Place antiembolic stockings	Routine, Once NO TED Hose, Post-op
Diet	
Diet - Clear liquids, advance as tolerated to Regular	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Regular Advance target diet criteria: Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., PACU & Post-op
[] Diet - Clear liquids, advance as tolerated to Diabetic 1800 Carb Control	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Diabetic 1800 Carb Control Advance target diet criteria: Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., PACU & Post-op
Diet - Clear liquids, advance as tolerated to Heart Healthy	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Heart Healthy Advance target diet criteria: Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., PACU & Post-op
[] Diet - Clear liquids, advance as tolerated to Renal (80GM Pro, 2-3GM Na, 2-3GM K)	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance target diet criteria: Liquid Consistency: Fluid Restriction: Foods to Avoid: Please assess bowel sounds between progressions., PACU & Post-op
Notify	
Notify Consulting physician of patient's location	Routine, Until discontinued, Starting S, Post-op
[] Notify Physician (For change in airway status, vital signs, change in neuro status or excessive wound drainage.	Routine, Until discontinued, Starting S, Post-op
Notify Physician If unable to void on 3rd occasion, insert Foley and call MD.	Routine, Until discontinued, Starting S, Post-op

IV Fluids

IV Fluids (Single Response)

) sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, Post-op
) lactated Ringer's infusion	75 mL/hr, intravenous, continuous, Post-op
Medications	
V Antibiotics: For Patients LESS than or EQUAL to 120 kg	
] cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Post-op For patients LESS than or EQUAL to 120 kg Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
] clindamycin (CLEOCIN) IV - For Penicillin Allergic Patients	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
V Antibiotics: For Patients GREATER than 120 kg	
cefazolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
] clindamycin (CLEOCIN) IV - For Penicillin Allergic Patients	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
PRN Mild Pain (Pain Score 1-3) (Single Response) (adjust dose for renal/liver function and age)	
) acetaminophen (TYLENOL) tablet OR oral solution	"Or" Linked Panel
Maximum of 3 grams of acetaminophen per day from all so sources)	urces. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum of 3 grams of acetaminophen per day from all sources. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot tolerate oral table
PRN Oral for Moderate Pain (Pain Score 4-6): For Patients ((adjust dose for renal/liver function and age)	GREATER than 65 years old (Single Response)
PRN Oral for Moderate Pain (Pain Score 4-6): For Patients (adjust dose for renal/liver function and age) acetaminophen-codeine (TYLENOL #3) tablet OR elixir	GREATER than 65 years old (Single Response) "Or" Linked Panel

[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day
	from all sources). Give if patient is able to tolerate oral
	medication.
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score
	4-6), Post-op Maximum of 3 grams of acetaminophen per day from all
	sources. (Cirrhosis patients maximum: 2 grams per day
	from all sources) Use if patient cannot swallow tablet.
() HYDROcodone-acetaminophen 5/325 (NORCO) tablet	"Or" Linked Panel
OR elixir	
Maximum of 3 grams of acetaminophen per day from all sources)	ces. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6),
	Post-op (Max Daily dose not to exceed 200 mg/day). Give if patient
	can tolerate oral medication.
PRN Oral for Moderate Pain (Pain Score 4-6): For Patients LE	SS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)	
(adjust dose for renal/liver function and age)	
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir	"Or" Linked Panel
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per	ces. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6),
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources)	ces. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per	ces. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all
acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per	ces. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per	ces. (Cirrhosis patients maximum: 2 grams per day from all 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution () HYDROcodone-acetaminophen 5/325 (NORCO) tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution () HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. "Or" Linked Panel
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution () HYDROcodone-acetaminophen 5/325 (NORCO) tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. "Or" Linked Panel
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution () HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. "Or" Linked Panel
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution () HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. "Or" Linked Panel ces. (Cirrhosis patients maximum: 2 grams per day from all
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution () HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. "Or" Linked Panel ces. (Cirrhosis patients maximum: 2 grams per day from all
() acetaminophen-codeine (TYLENOL #3) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution () HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir Maximum of 3 grams of acetaminophen per day from all sources) [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution () HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. "Or" Linked Panel 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) 10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) "Or" Linked Panel

[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
() HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir	"Or" Linked Panel
	rces. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet.
() traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day).
PRN IV for Moderate Pain (Pain Score 4-6): For Patients GRI If you select a PCA option you will not be allowed to also orde (adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
() morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
() HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
() ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min.	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days, Post-op Do not use in patients with eGFR LESS than 30 mL/min. Use if patient is unable to swallow or faster onset is needed.
PRN IV for Moderate Pain (Pain Score 4-6): For Patients LES If you select a PCA option you will not be allowed to also orde (adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	
() Islikart 2 (OSS2IIII IZZ) II Joseon	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed

() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
) ketorolac (TORADOL) IV (Single Response)	
Do NOT use in patients with eGFR LESS than 30 mL/min A WARNING: Use is contraindicated for treatment of perioper (CABG) surgery.	
() For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
() For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
PRN Oral for Severe Pain (Pain Score 7-10): For Patients G (adjust dose for renal/liver function and age)	REATER than 65 years old (Single Response)
) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
) HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
) HYDROmorphone (DILAUDID) tablet	Give if patient is able to tolerate oral medication 2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
) morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
) oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
PRN Oral for Severe Pain (Pain Score 7-10): For Patients Li (adjust dose for renal/liver function and age)	ESS than 65 years old (Single Response)
) HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
) morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
) oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10),
	Post-op Give if patient is able to tolerate oral medication
	Give if patient is able to tolerate oral medication S than 65 years old (Single Response)
PRN IV for Severe Pain (Pain Score 7-10): For Patients LES If you select a PCA option you will not be allowed to also ord (adjust dose for renal/liver function and age)	Give if patient is able to tolerate oral medication S than 65 years old (Single Response) er IV PRN pain medications from this section. 50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
PRN IV for Severe Pain (Pain Score 7-10): For Patients LES If you select a PCA option you will not be allowed to also ord	Give if patient is able to tolerate oral medication S than 65 years old (Single Response) er IV PRN pain medications from this section. 50 mcg, intravenous, every 3 hours PRN, severe pain (score

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section. (adjust dose for renal/liver function and age)

[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
Antiemetics - HMSTJ Only	Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting,
[X] promethazine (PHENERGAN) tablet	onset of action is required. 12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-o
chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster
[X] promethazine (PHENERGAN) 12.5 mg in sodium	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting
X] promethazine (PHENERGAN) IV or Oral or Rectal	faster onset of action is required. "Or" Linked Panel
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
Antiemetics - HMSL, HMWB Only [X] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-o Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
	Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
X] promethazine (PHENERGAN) IV or Oral or Rectal [X] promethazine (PHENERGAN) 12.5 mg IV	"Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
X] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW Only	
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-opUse if patient is unable to swallow or faster onset is needed
() morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed

[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is
	UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Bowel Care (Single Response)	
() sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation, Post-op
() simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence, Post-op
() docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
() magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER	30 mL, oral, every 12 hours PRN, constipation, Post-op Do not give if patient is on hemodialysis or is in chronic renal failure.
() bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation, Post-op
() bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op
Itching: For Patients GREATER than 77 years old (Single R	esponse)
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
Itching: For Patients between 70-76 years old (Single Response	
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
Itching: For Patients LESS than 70 years old (Single Respo	
() diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching, Post-op
() hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching, Post-op
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
() fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching, Post-op
Insomnia	
[] ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op

VTE

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

() Low Risk of DVT	
[] Low Risk (Single Response)	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
() Moderate Risk of DVT - Surgical	
Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
[] Moderate Risk	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patien with high risk of bleeding, e.g. weight < 50kg and age 75yrs)	
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	c "And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
() Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. [] Moderate Risk	he following. Mechanical prophylaxis is optional unless
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	Houtine, Office, 1 7100 & 1 ost op
() Patient is currently receiving therapeutic anticoagulat	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response)	PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe	PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700 (time critical), Starting S
() enoxaparin (LOVENOX) injection (Single Response)	PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700 (time critical), Starting S
() enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with	PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700 (time critical), Starting S CrCL 30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours, PACU &
with high risk of bleeding, e.g. weight < 50kg and age >	Post-op
75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response)	maioation.
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
() High Risk of DVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
13 JP J D: J	
[] High Risk	Destina Const BACHA Baston
[] High risk of VTE	Routine, Once, PACU & Post-op
High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient	Routine, Once
High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is
High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
[] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings () High Risk of DVT - Non-Surgical	Routine, Once, PACU & Post-op
Address both pharmacologic and mechanical prophylaxis by ord	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
) High Risk of DVT - Surgical (Hip/Knee)	
Address both pharmacologic and mechanical prophylaxis by o	rdering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case or Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1, PACU & Post-op To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Low Risk (Single Response)	Pouting Onco
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
Moderate Risk of DVT - Surgical	
Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
] Moderate Risk	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
 enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op

()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
()		"And" Linked Panel
Ī] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
]] Place antiembolic stockings	Routine, Once, PACU & Post-op
	oderate Risk of DVT - Non-Surgical	
	ddress pharmacologic prophylaxis by selecting one of the follonarmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
[]	Moderate Risk	
	Moderate risk of VTE	Routine, Once, PACU & Post-op
[]	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
()	Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
()		Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	enoxaparin (LOVENOX) injection (Single Response)	
(enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
(enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g.
		weight LESS than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), PACU & Post-op Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[]	Mechanical Prophylaxis (Single Response)	
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
()	Place sequential compression device and antiembolic	"And" Linked Panel

[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
) High Risk of DVT - Surgical	Houtine, Once, I AOO & I ost-op
Address both pharmacologic and mechanical prophylaxis by ord	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel

[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Place antiembolic stockings	Routine, Once, PACU & Post-op
() High Risk of DVT - Non-Surgical	ributine, Once, i AOO & i ost-op
Address both pharmacologic and mechanical prophylaxis by ord	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings () High Risk of DVT - Surgical (Hip/Knee)	Routine, Once, PACU & Post-op
() Tright misk of DV i - Surgical (mip/kniee)	

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[] High Risk	D. II. O. DAOUA D.
[] High risk of VTE	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1, PACU & Post-op To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
abs	
Cardiology	
maging 	
-Ray	
Shoulder 2+ Vw Left Shoulder 2+ Vw Right	Routine, 1 time imaging For 1 , Post-op Routine, 1 time imaging For 1 , Post-op
Other Studies	
Respiratory	
espiratory	
Incentive spirometry	Routine, Every hour While awake. Post-op
Rehab	
Consults For Physician Consult orders use sidebar	
For Physician Consult orders use sidebar	
ncillary Consults	
Consult to Case Management	Consult Reason: Discharge Planning Post-op, Discharge Planning and post-discharge needs.
Consult to Social Work	Reason for Consult: Discharge Planning Post-op, Discharge Planning and post-discharge needs.
Consult PT eval and treat	Special Instructions: evaluate equipment needs at discharge Weight Bearing Status:
Consult OT eval and treat	Special Instructions: Instruct on use of hip kit. Weight Bearing Status:
Additional Orders	