Pancreatectomy PostOp [2161]

General

Common Present on Admission Diagnosis

[ ]	Acidosis	Post-op
[ ]	Acute Post-Hemorrhagic Anemia	Post-op
[ ]	Acute Renal Failure	Post-op
[ ]	Acute Respiratory Failure	Post-op
[ ]	Acute Thromboembolism of Deep Veins of Lower Extremities	Post-op
[ ]	Anemia	Post-op
[ ]	Bacteremia	Post-op
[ ]	Bipolar disorder, unspecified	Post-op
[ ]	Cardiac Arrest	Post-op
[ ]	Cardiac Dysrhythmia	Post-op
[ ]	Cardiogenic Shock	Post-op
[ ]	Decubitus Ulcer	Post-op
[ ]	Dementia in Conditions Classified Elsewhere	Post-op
[ ]	Disorder of Liver	Post-op
[ ]	Electrolyte and Fluid Disorder	Post-op
[ ]	Intestinal Infection due to Clostridium Difficile	Post-op
[ ]	Methicillin Resistant Staphylococcus Aureus Infection	Post-op
[ ]	Obstructive Chronic Bronchitis with Exacerbation	Post-op
[ ]	Other Alteration of Consciousness	Post-op
[ ]	Other and Unspecified Coagulation Defects	Post-op
[ ]	Other Pulmonary Embolism and Infarction	Post-op
[ ]	Phlebitis and Thrombophlebitis	Post-op
[ ]	Protein-calorie Malnutrition	Post-op
[ ]	Psychosis, unspecified psychosis type	Post-op
[ ]	Schizophrenia Disorder	Post-op
[ ]	Sepsis	Post-op
[ ]	Septic Shock	Post-op
[ ]	Septicemia	Post-op
[ ]	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
[ ]	Urinary Tract Infection, Site Not Specified	Post-op

Elective Outpatient, Observation, or Admission (Single Response)

( )	Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
( )	Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
( )	Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: PACU & Post-op
( )	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. PACU & Post-op

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. PACU & Post-op
( ) Outpatient observation services under general supervision	Diagnosis: Admitting Physician: 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: 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. PACU & Post-op
( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Transfer (Single Response)
Patient has active inpatient status order on file

( ) Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
( ) Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT

Code Status

[ ] Full Code	Code Status decision reached by: Post-op
[ ] DNR (Do Not Resuscitate)	
[ ] DNR (Do Not Resuscitate)	Does patient have decision-making capacity? Post-op

[ ] 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: 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

[ ] Aspiration precautions	Post-op
[ ] Fall precautions	Increased observation level needed: Post-op
[ ] Latex precautions	Post-op
[ ] Seizure precautions	Increased observation level needed: Post-op

Nursing

Vital Signs

[ ] Vital signs - T/P/R/BP	Routine, Per unit protocol, Post-op

Activity

[ ] Out of bed	Routine, 3 times daily Specify: Out of bed For 1 hour at a time, or as tolerated, Post-op
[ ] Ambulate with assistance	Routine, 3 times daily Specify: with assistance,in hall Post-op
[ ] Ambulate with walker in hall	Routine, Daily Specify: with assistive device,in hall Device: walker Post-op
[ ] Bed rest	Routine, Until discontinued, Starting S Bathroom Privileges: Post-op

Nursing Assessments

[ ] Neurological assessment	Routine, Every 4 hours Assessment to Perform: Post-op
[ ] Strict intake and output	Routine, Every 8 hours Record all oral and IV fluid intake and all output including drains, tubes, nasogastric tube and foley catheter, Post-op
[ ] Height and weight	Routine, Once, Post-op

Nursing Interventions

[ ] Elevate head of bed	Routine, Until discontinued, Starting S Head of bed: Unless contraindicated, Post-op
[ ] Nasogastric tube insert and maintain	
[ ] Nasogastric tube insertion	Routine, Once For 1 Occurrences Type: Ensure patency of tube and sump suction is functional, Post-op
[ ] Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders: Flush every 8 hours with 20 mL of warm saline or tap water. Document in nursing note and include patency or any resistance to flushing., Post-op
[ ] Discontinue nasogastric tube	Routine, Once, Post-op
[ ] Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain,to gravity Post-op
[ ] Foley catheter - discontinue	Routine, Once 1) Remove Foley cath POD 1 or POD 2 or 2) Acitvate Nursing protocol NUR 1204 or 3) Document reason for not removing Foley (Must be documented on POD 1 or POD 2.), Post-op
[ ] Jejunostomy tube site care	Routine, Every 8 hours Clamp Jejunostomy tube, Post-op
[ ] Drain care	Routine, Until discontinued, Starting S Type of drain: Jackson Pratt Specify location: Drain Number: Drainage/Suction: To Compression (Bulb) Suction Post-op
[ ] Apply warming blanket	Routine, Once, Post-op
[ ] Patient education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Aspiration Post-op

Wound Care

[ ] Dressing change	Routine, Daily Normal Saline wet to dry dressing. Use Kerlex dressing, not 4 X 4, squeeze and twist dressing to remove saline, prior to placement in wound. Pack deeply, Post-op
[ ] Reinforce dressing	Routine, As needed Reinforce with: Post-op
[ ] Remove dressing	Routine, Once For 1 Occurrences, Post-op
[ ] Set up for suture removal	Routine, Once For 1 Occurrences, Post-op
[ ] Setup for staple removal	Routine, Once For 1 Occurrences, Post-op

Notify

[ ] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 101.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: Diastolic BP less than: MAP less than: Heart rate greater than (BPM): 120 Heart rate less than (BPM): Respiratory rate greater than: Respiratory rate less than: SpO2 less than:

[ ] Notify Physician if patient refuses or is unable to ambulate	Routine, Until discontinued, Starting S, Notify House Staff or Attending Physician if patient refuses or is unable to ambulate, Post-op

Diet

[ ] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Post-op
[ ] Diet - Clear liquids sips only	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Sips only, Post-op
[ ] Diet - clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[ ] Diet	Diet effective now, Starting S Diet(s): Full Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[ ] Diet - post gastrectomy	Diet effective now, Starting S Diet(s): Post Gastrectomy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[ ] Diet - bariatric full liquid	Diet effective now, Starting S Diet(s): Other Bariatric Bariatric: Bariatric Full Liquid Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
[ ] Diet - post esophagectomy	Diet effective now, Starting S Diet(s): Post Esophagectomy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

Tube Feeding

[ ] Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Dietitian to manage Tube Feed? Post-op

IV Fluids

IV Fluids

[ ] dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	100 mL/hr, intravenous, continuous, Post-op
[ ] dextrose 5 % and lactated Ringer's infusion	100 mL/hr, intravenous, continuous, Post-op

Medications

Antibiotics

[ ] cefoxitin (MEFOXIN) IV	1 g, intravenous, every 8 hours, For 2 Doses, Post-op Reason for Therapy:
[ ] clindamycin (CLEOCIN) IV	600 mg, intravenous, for 30 Minutes, every 8 hours, For 3 Doses, Post-op Reason for Therapy:
[ ] erythromycin	250 mg, intravenous, for 60 Minutes, every 6 hours, Post-op Therapy Reason:

Beta-Blockers

[ ] metoprolol (LOPRESSOR) injection	5 mg, intravenous, every 6 hours, Post-op hold if systolic blood pressure is LESS than 110 and heart rate is LESS than 60 bpm HOLD parameters for this order: Contact Physician if:
[ ] metoprolol tartrate (LOPRESSOR) tablet	100 mg, oral, 2 times daily at 0600, 1800, Post-op hold if systolic blood pressure is LESS than 110 and heart rate is LESS than 60 bpm HOLD parameters for this order: Contact Physician if:
[ ] labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily at 0600, 1800, Post-op HOLD parameters for this order: Contact Physician if:
[ ] labetalol (NORMODYNE,TRANDATE) injection	intravenous, Post-op

Bowel Care - NOT HMSJ

[ ] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op Use docusate for stool softener as needed.
[ ] simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence, Post-op
[ ] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, Post-op Suppository can be used if oral therapy is not tolerated or ineffective.
[ ] senna (SENOKOT) tablet	1 tablet, oral, 2 times daily PRN, constipation, Post-op
[ ] diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, 4 times daily PRN, diarrhea, Post-op

Somatostatin

[ ] octreotide (SandoSTATIN) injection	100 mcg, subcutaneous, every 8 hours, Post-op

PCA Medications (Single Response)

( ) morPHINE PCA 30 mg/30 mL

[ ] morPHINE 30 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 1 mg Lockout: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors.
[ ] Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change, Post-op
[ ] Richmond agitation sedation scale	Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects., Post-op
[ ] Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy, Post-op
[ ] Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention, Post-op
[ ] naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., For 1 Doses, Post-op Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

( ) hydromorPHONE PCA (DILAUDID) 15 mg/30 mL

[ ] hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 3 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:
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( ) fentaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL

[ ] fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 10 mcg Lockout (recommended 6-8 min): Not Ordered Continuous Dose: 0 mcg/hr MAX (Four hour dose limit): 150 mcg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:
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PCA Medications (Single Response)

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( ) hydromorPHONE PCA (DILAUDID) 15 mg/30 mL

[ ] hydromorPHONE (DILAUDID) 15 mg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 0.2 mg Lockout: Not Ordered Continuous Dose: 0 mg/hr MAX (Four hour dose limit): 3 mg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:
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( ) fentaNYL PCA (SUBLIMAZE) 600 mcg/30 mL

[ ] fentaNYL (SUBLIMAZE) 600 mcg/30 mL PCA	Loading Dose (optional): Not Ordered PCA Dose: 10 mcg Lockout Interval: Not Ordered Continuous Dose: 0 mcg/hr MAX (Four hour dose limit): 150 mcg intravenous, continuous, Post-op Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:
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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 sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] 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 tablet.

PRN Oral for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams 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.
[ ] 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 elixir **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] 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)

( ) HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir **"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] 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**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] 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). Give if patient is able to tolerate oral medication

PRN Oral for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

( ) acetaminophen-codeine (TYLENOL #3) tablet OR elixir	**"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams 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.
[ ] 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 elixir	**"Or" Linked Panel**

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[ ] 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)
( ) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	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 IV for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)
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)

( ) fentaNYL (SUBLIMAZE) injection	50 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
( ) morphine injection	4 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

( ) HYDROmorphone (DILAUDID) injection	0.8 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

PRN IV for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)

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)

( ) fentaNYL (SUBLIMAZE) injection	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
( ) 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
( ) HYDROmorphone (DILAUDID) injection	0.5 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

Insomnia: For Patients GREATER than 70 years old (Single Response)

( ) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op

Insomnia: For Patients LESS than 70 years old (Single Response)

( ) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
( ) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op

Antiemetics - HMH, HMSJ, HMW, HMSTC Only

[X] ondansetron (ZOFRAN) IV or Oral	**"Or" Linked Panel**
[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) 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) IV or Oral or Rectal	**"Or" Linked Panel**
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, 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.

Antiemetics - HMSTJ Only

[X] ondansetron (ZOFRAN) IV or Oral	**"Or" Linked Panel**
[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) 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.

Antiemetics - HMSL, HMWB Only

[X] ondansetron (ZOFRAN) IV or Oral	**"Or" Linked Panel**
[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) 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) IV or Oral or Rectal	**"Or" Linked Panel**
[X] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, 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.

Respiratory

[ ] albuterol (PROVENTIL HFA;VENTOLIN HFA) inhaler	2 puff, inhalation, Respiratory Therapy - every 6 hours, Post-op
[ ] tiotropium (SPIRIVA) 18 mcg per inhalation capsule	1 capsule, inhalation, Respiratory Therapy - Daily, 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 following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] 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 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

( ) Moderate Risk of DVT - Non-Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] 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
( ) 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

Address both pharmacologic and mechanical prophylaxis by ordering 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

Address both pharmacologic and mechanical prophylaxis by ordering 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 ordering 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 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:
[ ] 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 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 following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] 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 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

( ) Moderate Risk of DVT - Non-Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[ ] 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
( ) 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

Address both pharmacologic and mechanical prophylaxis by ordering 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

Address both pharmacologic and mechanical prophylaxis by ordering 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 ordering 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 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:
[ ] 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

Labs

Laboratory

[ ] Basic metabolic panel	Once, Post-op
[ ] Comprehensive metabolic panel	Once, Post-op
[ ] Hepatic function panel	Once, Post-op
[ ] CBC with platelet and differential	Once, Post-op
[ ] Partial thromboplastin time	Once, Post-op
[ ] Prothrombin time with INR	Once, Post-op
[ ] Magnesium level	Once, Post-op
[ ] Phosphorus level	Once, Post-op
[ ] Cancer antigen 19-9	Once, Post-op
[ ] Carcioembrionic antigen	Once, Post-op
[ ] Alpha fetoprotein	Once, Post-op
[ ] Cancer antigen 125	Once, Post-op
[ ] Prostate specific antigen	Once, Post-op
[ ] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site: Post-op
[ ] Hemoglobin & hematocrit	Once, Post-op

[ ] Arterial blood gas	Once, Post-op
[ ] Blood culture x 2	**"And" Linked Panel**
[ ] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used., Post-op
[ ] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used., Post-op

Laboratory Daily

[ ] Comprehensive metabolic panel	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
[ ] CBC with platelet and differential	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
[ ] Magnesium level	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op
[ ] Phosphorus level	AM draw repeats, Starting S+1 For 3 Occurrences, Post-op

Cardiology

Imaging

Diagnostics X-Ray

[ ] XR Chest 1 Vw Portable	Routine, 1 time imaging For 1 , Post-op

Other Studies

Other Diagnostics

[ ] ECG Pre/Post Op	Routine, Once Clinical Indications: Interpreting Physician: Post-op

Respiratory

Respiratory Therapy

[ ] Encourage deep breathing and coughing	Routine, Every 2 hours while awake, Post-op
[ ] Suctioning	Routine, Every 2 hours while awake Route: Post-op
[ ] Incentive spirometry	Routine, Every hour while awake Instruct patient on use, 10 repetitions, goal is 2000 mL, Post-op
[ ] Oxygen therapy	Routine, Continuous Device 1: Non-rebreather mask Rate in liters per minute: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Post-op

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[ ] Consult to Case Management	Consult Reason: Post-op
[ ] Consult to Social Work	Reason for Consult: Post-op
[ ] Consult PT eval and treat	Special Instructions: Weight Bearing Status:
[ ] Consult PT wound care	Special Instructions: Location of Wound? Post-op
[ ] Consult OT eval and treat	Special Instructions: Weight Bearing Status:
[ ] Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Post-op
[ ] Consult to Spiritual Care	Reason for consult? Post-op
[ ] Consult to Speech Language Pathology	Routine, Once Reason for consult: Post-op
[ ] Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Post-op
[ ] Consult to Respiratory Therapy	Reason for Consult? Post-op

Transfusion

Lab Draw

[X] Type and screen	Once, Post-op

IV Fluids - Type and Crossmatch

[ ] sodium chloride 0.9 % infusion	250 mL, intravenous, at 30 mL/hr, continuous, Post-op Administer with blood
[ ] sodium chloride 0.9 % infusion	500 mL, intravenous, at 30 mL/hr, continuous, Post-op Administer with blood

Blood Products

[ ] Red Blood Cells

[ ] Prepare RBC	Routine Transfusion Indications: Transfusion date: Post-op
[ ] Transfuse RBC	Routine Transfusion duration per unit (hrs): Post-op

[ ] Platelets

[ ] Prepare platelet pheresis	Routine Transfusion Indications: Transfusion date: Post-op
[ ] Transfuse platelets	Routine Transfusion duration per unit (hrs): Post-op

[ ] Fresh Frozen Plasma

[ ] Prepare fresh frozen plasma	Routine Transfusion Indications: Transfusion date: Post-op
[ ] Transfuse fresh frozen plasma	Routine Transfusion duration per unit (hrs): Post-op

[ ] Cryoprecipitate

[ ] Prepare cryoprecipitate	Routine Transfusion Indications: Transfusion date: Post-op
[ ] Transfuse cryoprecipitate	Routine Transfusion duration per unit (hrs): Post-op

Additional Orders