Electrophysiology Ablation Post Procedure [1832]

General	
Elective Outpatient, Observation, or Admission (Single	e 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 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 observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP - Post Procedure	Routine, Every 15 min Vitals every 15 minutes until sheath is removed,
	-Then, every 15 minutes x 4 (2 hours),
	-Then, every 30 minutes x 4 (2 hours),

-Then, every 1 hour until sheaths are removed, then vital

-Vital Signs BEFORE each ambulation advancement and prior to discharge., PACU & Post-op

signs per routine.

[] Pulse oximetry	Routine, Continuous Current FIO2 or Room Air: PACU & Post-op
Activity	
[] Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat
[] Elevate HOB (specify degrees)	Routine, Until discontinued, Starting S Head of bed: PACU & Post-op
[] Patient position: log roll, keep affected extremity straight	Routine, Until discontinued, Starting S Position: Additional instructions: log roll Keep affected extremity straight for *** hours., PACU & Post-op
[] Strict bed rest	Routine, Until discontinued, Starting S Modifier: Bathroom Privileges: after sheath removal and hemostasis achieved., PACU & Post-op
[] Ambulate with assistance	Routine, Until discontinued, Starting S Specify: with assistance After bed rest period completed (Check vital signs and puncture/incision site(s) BEFORE each ambulation advancement):
	-Sit patient at side of bed for 5 minutes
	-Then, out of bed to chair for 15 minutes
	-Then, ambulate patient in room or at bedside.
	-After one hour of ambulation at bedside or room, may ambulate ad lib prior to discharge to ensure discharge criteria is met. PACU & Post-op
Cath Site Assessment	
[X] Assess cath site	Routine, Every 15 min Assess puncture/incision site for bleeding and/or hematoma every 15 minutes until sheath is removed,
	-Then, every 15 minutes for 2 hours
	-Then every 30 minutes for 2 hours
	-And BEFORE each ambulation advancement, PACU & Post-op
[X] POC ACT - Pre sheath removal	Every 30 min Pre sheath removal. Remove sheath when ACT is less than ***, PACU & Post-op
[] Apply MANUAL pressure	Routine, Once Specify location: MANUAL pressure for sheath removal, PACU & Post-op
[] Reinforce dressing	Routine, As needed Reinforce with: Apply reinforced pressure dressing to both femoral sites, PACU & Post-op
[] Discontinue dressing	Routine, Once, Starting S+1 at 7:00 AM For 1 Occurrences Dressing location: PACU & Post-op

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[X] Telemetry	"And" Linked Panel
[X] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box)
	Reason for telemetry:
	Can be off of Telemetry for tests and baths? Yes
	PACU & Post-op
[X] Telemetry Additional Setup Information	Routine, Continuous
	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
[] Coling look IV	PACU & Post-op
[] Saline lock IV [] Discontinue IV	Routine, Continuous, PACU & Post-op Routine, Once
[] Discontinue iv	Prior to discharge, PACU & Post-op
II. Dadaida aluana	<u>*</u>
Bedside glucose	Routine, Once, PACU & Post-op
[] Foley catheter - discontinue	Routine, Conditional Frequency
	When bed rest is complete, PACU & Post-op
[] Post procedure site assessment	Routine, Once
	Procedure Site:
	Monitor distal pulses, PACU & Post-op
Notify	
Notify	
[X] Notify Physician	Routine, Until discontinued, Starting S, -For bleeding or
	hematoma
	-For Vagal Episodes
	-For SYMPTOMATIC heart rate less than 50
	For evetalic blood pressure less than 00 mm lg. DACLL 9
	-For systolic blood pressure less than 90 mmHg, PACU &
	Post-op
Diet	
[] Diet - Pre-Sheath Removal	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Until sheath (s) removed, PACU & Post-op
[] Diet - Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
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[] Diet - Carb Control Diabetic	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate
	Advance Diet as Tolerated?
	Liquid Consistency: Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - Heart Healthy	Diet effective now, Starting S
	Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - Renal	Diet effective now, Starting S
	Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K)
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid: PACU & Post-op
	FACO à Fost-op
Discharge Instructions and Smoking Cessation	n Education
[] Discharge instructions	Routine, Once, PACU & Post-op
[] Tobacco cessation education	Routine, Once, PACU & Post-op
IV Fluids	
IV Fluids Peripheral IV Access	
Peripheral IV Access	
Peripheral IV Access [X] Initiate and maintain IV	Routine, Once
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV	Routine, Once 10 mL. intravenous, every 12 hours scheduled
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, every 12 hours scheduled
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV	<u>`</u>
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, every 12 hours scheduled
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL [] sodium chloride 0.9 % flush 10 mL IV Fluids (Single Response)	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL [] sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, every 12 hours scheduled
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL [] sodium chloride 0.9 % flush 10 mL IV Fluids (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care intravenous, continuous, Post-op
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL [] sodium chloride 0.9 % flush 10 mL IV Fluids (Single Response) () sodium chloride 0.9 % infusion	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care intravenous, continuous, Post-op
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL [] sodium chloride 0.9 % flush 10 mL IV Fluids (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care intravenous, continuous, Post-op
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL [] sodium chloride 0.9 % flush 10 mL IV Fluids (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion Medications Warfarin (Single Response)	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care intravenous, continuous, Post-op intravenous, continuous, Post-op
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL [] sodium chloride 0.9 % flush 10 mL IV Fluids (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion Medications Warfarin (Single Response) () Warfarin Management with Pharmacy Consult	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care intravenous, continuous, Post-op intravenous, continuous, Post-op
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL [] sodium chloride 0.9 % flush 10 mL IV Fluids (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion Medications Warfarin (Single Response) () Warfarin Management with Pharmacy Consult [] Pharmacy consult to manage warfarin	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care intravenous, continuous, Post-op intravenous, continuous, Post-op t CPOE STAT, Until discontinued, Starting S
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL [] sodium chloride 0.9 % flush 10 mL IV Fluids (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion Medications Warfarin (Single Response) () Warfarin Management with Pharmacy Consult [] Pharmacy consult to manage warfarin (COUMADIN)	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care intravenous, continuous, Post-op intravenous, continuous, Post-op t CPOE STAT, Until discontinued, Starting S Indication:
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL [] sodium chloride 0.9 % flush 10 mL IV Fluids (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion Medications Warfarin (Single Response) () Warfarin Management with Pharmacy Consult [] Pharmacy consult to manage warfarin (COUMADIN) [] Prothrombin time with INR	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care intravenous, continuous, Post-op intravenous, continuous, Post-op t CPOE STAT, Until discontinued, Starting S Indication: STAT For 1 Occurrences, Post-op
Peripheral IV Access [X] Initiate and maintain IV [] Insert peripheral IV [] sodium chloride 0.9 % flush 10 mL [] sodium chloride 0.9 % flush 10 mL IV Fluids (Single Response) () sodium chloride 0.9 % infusion () dextrose 5% infusion Medications Warfarin (Single Response) () Warfarin Management with Pharmacy Consult [] Pharmacy consult to manage warfarin (COUMADIN)	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care intravenous, continuous, Post-op intravenous, continuous, Post-op t CPOE STAT, Until discontinued, Starting S Indication: STAT For 1 Occurrences, Post-op

Notify Physician for INR GREATER than 4 STAT CBC with platelet and differential	Routine, Until discontinued, Starting S BUN greater than: Creatinine greater than: Glucose greater than: Glucose less than: Hot less than: Hot less than: LDL greater than: Magnesium greater than (mg/dL): Magnesium less than (mg/dL): Platelets less than: Potassium greater than (mEq/L): Potassium greater than (mEq/L): PT/INR greater than: PT/INR greater than: PTT greater than: PTT greater than: PTT less than: Serum Osmolality greater than: Serum Osmolality less than: Sodium greater than: WBC greater than: WBC greater than: WBC less than: Other Lab (Specify): Post-op STAT For 1 Occurrences, Post-op
STAT Prothrombin time with INR	STAT For 1 Occurrences, Post-op
[] Routine Prothrombin time with INR - AM Draw	AM draw For 1 Occurrences, Post-op
[] For SNF Units - Prothrombin time with INR every 7 days Heparin (Single Response)	Weekly, Starting S For Until specified, Post-op
() Pharmacy consult to manage Heparin: LOW Dos protocol(ACS/Stroke/Afib)- withOUT titration bolu	
() Pharmacy Consult to Manage Heparin: STANDA dose protocol (DVT/PE) - with titration boluses	
Aspirin and Enoxaparin (LOVENOX)	
[] aspirin chewable tablet	162 mg, oral, daily at 1700 (TIME CRITICAL), Post-op
[] aspirin tablet	325 mg, oral, daily at 1700 (TIME CRITICAL), Post-op
enoxaparin (LOVENOX) injection (Single Respor	
() CrCl loss than 30 ml /min	1 mg/kg, subcutaneous, every 12 hours scheduled, Post-op
() CrCl less than 30 mL/min rivaroxaban (XARELTO) Oral Tablet (Single Resp CrCl greater than 50 mL/min: 20 mg oral daily at 1 CrCl 15-50 mL/min: 15 mg oral daily at 1700	
() rivaroxaban (XARELTO) tablet	"And" Linked Panel
	Pharmacy Consult. Do not remove the attached consult order.
[] rivaroxaban (XARELTO) tablet	15 mg, oral, daily at 1700 (TIME CRITICAL) Indications: Atrial Fibrillation
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: Atrial Fibrillation
	Once For 1 Occurrences Page 5 of 26

	CBC hemogram	Once For 1 Occurrences
	Prothrombin time with INR	Once For 1 Occurrences
LJ	Partial thromboplastin time, activated	Once For 1 Occurrences
	gatran (PRADAXA) Oral Capsule (Single Resp	
	Cl greater than 30 mL/min: 150 mg oral 2 times d	aily
Cr	Cl 15-30 mL/min: 75 mg oral 2 times daily	
() d	phigatran (DDADAYA) cancula	"And" Linked Panel
	abigatran (PRADAXA) capsule Il orders for dabigatran (PRADAXA) require a Ph	armacy Consult. Do not remove the attached consult order.
	ii oraoro ron aasigainain (r ris iz) va ij roquino a r ii	annasy consult be not remove the allashed consult crach.
[]	dabigatran etexilate (PRADAXA) capsule	oral, 2 times daily
<u> </u>	Phormany consult to manitor dehicatron	Indications: Atrial Fibrillation
[]	Pharmacy consult to monitor dabigatran (PRADAXA) therapy	STAT, Until discontinued, Starting S Indications: Atrial Fibrillation
[]	Basic metabolic panel	Once For 1 Occurrences
Ü	CBC hemogram	Once For 1 Occurrences
[]	Prothrombin time with INR	Once For 1 Occurrences
[]	Partial thromboplastin time, activated	Once For 1 Occurrences
aniva	ıban (ELIQUIS) Oral Tablet (Single Response)	
	or no risk factors: 5 mg oral 2 times daily	
	or more risk factors: 2.5 mg oral 2 times daily	
Б.		
	sk Factors: Age greater than or equal to 80	
	Weight less than or equal to 60 kg	
	SCr greater than or equal to 1.5 mg/dL	
	pixaban (ELIQUIS) tablet	"And" Linked Panel
Α	Il orders for apixaban (ELIQUIS) require a Pharm	acy Consult. Do not remove the attached consult order.
[]	apixaban (ELIQUIS) tablet	oral, 2 times daily
	1 , ,	Indications: Atrial Fibrillation
[]	Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
<u> </u>	(ELIQUIS) therapy	Indications: Atrial Fibrillation
	Basic metabolic panel CBC hemogram	Once For 1 Occurrences Once For 1 Occurrences
[]	Prothrombin time with INR	Once For 1 Occurrences
ΪÌ	Partial thromboplastin time, activated	Once For 1 Occurrences
	·	
GI Pr	ophylaxis	
	ucralfate (CARAFATE) 100 mg/mL suspension	1 g, oral, 4 times daily with meals and nightly, Post-op
	ucralfate (CARAFATE) tablet	1 g, oral, 4 times daily before meals and nightly, Post-op
[] p	antoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op
		Therapeutic Interchange for esomeprazole (NEXIUM) Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
		indication(s) for instant unip initiation (in in) interapy.
PRN	Chest Pain	
[] m	orPHINE injection (Chest Pain)	2 mg, intravenous, every 15 min PRN, severe pain (score
-	- , ,	7-10), chest pain, For 2 Doses, Post-op
ואמם	Mild Dain (Dain Seers 1.2) (Single Beauches)	
	Mild Pain (Pain Score 1-3) (Single Response) ljust dose for renal/liver function and age)	
ıαc	gast about for romanity or randition and ago,	
() a	cetaminophen (TYLENOL) tablet OR oral solution	n "Or" Linked Panel
		om all sources. (Cirrhosis patients maximum: 2 grams per day from all
	ources)	

[] 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.
() ibuprofen (MOTRIN) tablet OR oral solution	"Or" Linked Panel
Not recommended for patients with eGFR LESS	S than 30 mL/min or acute kidney injury.
[] ibuprofen (ADVIL,MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
[] Ibuproren (ADVIE, MOTTHN) tablet	Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.
 naproxen (NAPROSYN) tablet - Not recommend patients with eGFR LESS than 30 mL/min. 	ded for 250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op
patients with ear it 2250 than 50 m2/min.	Not recommended for patients with eGFR LESS than 30 mL/min.
Ovel for Mederate Pain (Pain Cooks 4 6): For Pati	anta I FCC than CE years ald (Cingle Beanance)
Oral for Moderate Pain (Pain Score 4-6): For Pati (adjust dose for renal/liver function and age)	ents LESS than 65 years old (Single Response)
(adjust dose for remainiver remember and age)	
) acetaminophen-codeine (TYLENOL #3) tablet C	OR elixir "Or" Linked Panel
	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
sources)	(S a 25a 25a. (S panene panene na manina in 2 g.a 2 por 2a, 1.e a
acetaminophen-codeine (TYLENOL #3)	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
300-30 mg per tablet	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, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
/12.5 mL solution	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 OR elixir) tablet "Or" Linked Panel
	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO)	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
5-325 mg per tablet	
[] 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 (NORC OR elixir	O) tablet "Or" Linked Panel
	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HVDDOodono gostominanhon (NODOO)	1 tablet eral every 6 hours DDN moderate pain (seers 4.6). Doet as
[] 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)	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
7.5-325 mg/15 mL solution	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if
() IIVDD0 I I I I I I I I I I I I I I I I I I	patient cannot swallow tablet.
() HYDROcodone-acetaminophen 10/325 (NORCO OR elixir	O) tablet "Or" Linked Panel

Maximum of 3 grams of acetaminophen per day sources)	from all sources. (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 the mL/min, change frequency to every 12 hours) 	an 30 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op (Max Daily dose not to exceed 200 mg/day). Give if patient is able to tolerate oral medication.
Oral for Moderate Pain (Pain Score 4-6): For Patie (adjust dose for renal/liver function and age)	ents GREATER than 65 years old (Single Response)
() acetaminophen-codeine (TYLENOL #3) tablet O	R elixir "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] 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) OR elixir	tablet "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day sources)	from all sources. (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)
() traMADol (ULTRAM) tablet - For eGFR LESS that 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 is able to tolerate oral medication.
IV for Moderate Pain (Pain Score 4-6): For Patient (adjust dose for renal/liver function and age)	ts LESS than 65 years old (Single Response)
() fentaNYL (SUBLIMAZE) injection	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
() morphine 2 mg/mL injection	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
() 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)	
	0 mL/min AND/OR patients LESS than 17 years of age. of perioperative pain OR in the setting of coronary artery bypass graft

weight LESS than 50 kg OR eGFR 30-59	ntravenous, every 6 hours PRN, moderate pain (score 4-6)
mL/min - ketorolac (TORADOL) injection () For patients ages 17-64 AND weight 30 mg, i GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	ntravenous, every 6 hours PRN, moderate pain (score 4-6)
IV for Moderate Pain (Pain Score 4-6): For Patients GREAT (adjust dose for renal/liver function and age)	ER than 65 years old (Single Response)
() 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), 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.
Oral for Severe Pain (Pain Score 7-10): For Patients LESS (adjust dose for renal/liver function and age)	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
Oral for Severe Pain (Pain Score 7-10): For Patients GREA (adjust dose for renal/liver function and age)	TER 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 Give if patient is able to tolerate oral medication
() 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	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
IV for Severe Pain (Pain Score 7-10): For Patients LESS that (adjust dose for renal/liver function and age)	an 65 years old (Single Response)

() 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
IV for Severe Pain (Pain Score 7-10): For Patients (adjust dose for renal/liver function and age)	s GREATER than 65 years old (Single Response)
() 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
Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW	Only
[X] ondansetron (ZOFRAN) IV or Oral (Selection Re	equired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	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
IVI	action is required.
[X] promethazine (PHENERGAN) IV or Oral or Rect	
[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
[Fi] promotivalino (Frilandia in Judicia)	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 (Selection Re	equired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	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
[V] man athering (DI IENEDO ANI IV or Oral or Deat	action is required.
[X] promethazine (PHENERGAN) IV or Oral or Rect	
[X] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, Post-op
Alaris pump syringe option	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.
	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op
[X] promethazine (PHENERGAN) tablet	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

[X] ondansetron (ZOFRAN) IV or Oral (Selection Re-	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op
disintegrating tablet	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 Re	ectal "Or" Linked Panel
[X] promethazine (PHENERGAN) 25 mg in	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea,
sodium chloride 0.9 % 50 mL IVPB	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
[7] promothazmo (1712/12/16/17) tablot	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera
	oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op
[7] promounaline (1712/12/14/14) cappeonery	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Itching: For Patients GREATER than 77 years old	(Single Response)
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
,,	
Itching: For Patients between 70-76 years old (Single) () cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, Post-op
tching: For Patients LESS than 70 years old (Sin	
() 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 LES 80 mL/min, reduce frequency to once daily as ne	
Insomnia: For Patients LESS than 70 years old (S	Single Response)
() zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
Insomnia: For Patients GREATER than or EQUAL	to 70 years old (Single Response)
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
Medications "Other"	
atropine injection	0.5 mg, intravenous, PRN, SYMPTOMATIC heart rate less
1 anophio injection	than 50, Post-op
	Call MD if findings do not resolve promptly
ALPRAZolam (XANAX) tablet	0.25 mg, oral, 3 times daily PRN, anxiety, Post-op
·• ,	Indication(s): Anxiety
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, for stool
	softener, Post-op
	RN may use second option based on the patient response to the first option attempted.
bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation, Post-op
, ,	RN may use second option based on the patient response to
11 pootominanhan (TVI ENOL) tahlat	the first option attempted.
] acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, fever, temperature greater
	than 100° F, Post-op Maximum 3 000 mg of acetaminophon por 24 hours
1 furgoamide (LACIV) injection	Maximum 3,000 mg of acetaminophen per 24 hours
] furosemide (LASIX) injection	intravenous, once, For 1 Doses, Post-op
] ranolazine (RANEXA) 12 hr tablet	500 mg, oral, 2 times daily, Post-op
[] colchicine tablet	0.3 mg, oral, 2 times daily, Post-op

DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

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 (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

[] Low Risk (Single Response) (Selection Required)

() Low risk of VTE Routine, Once

Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae

early ambulation PACU & Post-op

Doguirod)

() MODERATE Risk of DVT - Surgical (Selection Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - S	Surgical
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic pror	nhylaxis "And" I inked Panel

AND mechanical prophylaxis

[Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
()	enoxaparin (LOVENOX) injection (Single Responded)	ponse)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1	
() 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	
() 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	
() 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 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	
()	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM	
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS	
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.	
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:	
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
	Mechanical Prophylaxis (Single Response) (Se Required)		
()	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	
	ODERATE Risk of DVT - Non-Surgical (Selectic equired)	on	
Ph co Or Ch	ntraindicated. ne or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflamn	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous	
Ag	oke, rheumatologic disease, sickle cell disease, ge 60 and above entral line	leg swelling, ulcers, venous stasis and nephrotic syndrome	
Hi: An	story of DVT or family history of VTE iticipated length of stay GREATER than 48 hou	rs	
	ss than fully and independently ambulatory trogen therapy		
Mo	oderate or major surgery (not for cancer) ajor surgery within 3 months of admission		
[]	Moderate Risk (Selection Required)		
[]	Moderate risk of VTE	Routine, Once, PACU & Post-op	

hylaxis - "And" Linked Panel
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Routine, Continuous
hylaxis "And" Linked Panel
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
oonse)
40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS 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
40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
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):
5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
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. oral, daily at 1700 (TIME CRITICAL), PACU & Post-op Indication:
STAT, Until discontinued, Starting S Indication:
ection
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s) PACU & Post-op

() HIGH Risk of DVT - Surgical (Selection Required)

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Surgi	cal Patient
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	ponse)
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1
	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
() was design (OOLINAADIN) telefet	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op
() Discussion consult to manage up of all a	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	

() HIGH Risk of DVT - Non-Surgical (Selection Required)

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-S	urgical
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp	PACU & Post-op
(Selection Required)	<u> </u>
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() 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
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	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	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Required)

HIGH Risk of DVT - Surgical (Hip/Knee) (Selection

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)		
[] High risk of VTE	Routine, Once, PACU & Post-op	
[] High Risk Pharmacological Prophylaxis - Hip or Knee		
(Arthroplasty) Surgical Patient (Single Respons		
(Selection Required)		
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1	
	Indications:	
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1	
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1	
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1	
() enoxaparin (LOVENOX) syringe	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	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.	
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),	
Patients weight between 100-139 kg and	Starting S+1	
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.	
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),	
Patients weight between 140 kg or	Starting S+1	
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30	
mL/min	mL/min	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1	
	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	
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM	
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS	
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.	
() rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1	
knee arthroplasty planned during this	To be Given on Post Op Day 1.	
admission	Indications:	
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1	
() Dhawa ay agailt to consider	Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S	
(COUMADIN)	Indication:	

Required)

Mechanical Prophylaxis (Single Response) (Selection

()	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
Low Phar cont Both Age follow Patie vein stasis syncomer Age Certain Ant Less Modern Market Modern Phart Certain Phart Ce	raindicated. High Risk Definition in pharmacologic AND mechanical prophylaxis material less than 60 years and NO other VTE risk factor wing medical conditions: ent already adequately anticoagulated CHF, MI, s, cancer, sepsis, obesity, previous stroke, rheut is and nephrotic syndrome Thrombophilia (Factor)	echanical prophylaxis is optional unless pharmacologic is must be addressed. ors One or more of the following medical conditions: One or more of the I, lung disease, pneumonia, active inflammation, dehydration, varicose umatologic disease, sickle cell disease, leg swelling, ulcers, venous tor V Leiden, prothrombin variant mutations, anticardiolipin antibody ciency; hyperhomocysteinemia; myeloproliferative disorders) r leg ajor traumas rs Abdominal or pelvic surgery for CANCER
Lo\ Ag	W Risk of DVT (Selection Required) w Risk Definition e less than 60 years and NO other VTE risk fact	
[] [Low Risk (Single Response) (Selection Required	
()	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
MC	DDERATE Risk of DVT - Surgical (Selection Rec	
	derate Risk Definition	squired)
Ph: cor	armacologic prophylaxis must be addressed. Mentraindicated.	lechanical prophylaxis is optional unless pharmacologic is
CH stro Ago Ce	oke, rheumatologic disease, sickle cell disease, e 60 and above ntral line	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous, leg swelling, ulcers, venous stasis and nephrotic syndrome
Ant Les Est	story of DVT or family history of VTE ticipated length of stay GREATER than 48 hours ss than fully and independently ambulatory trogen therapy	rs
	derate or major surgery (not for cancer)	
[]	Moderate Risk (Selection Required)	
[]	Moderate risk of VTE	Routine, Once, PACU & Post-op
	Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	
()	Contraindications exist for pharmacologic prop BUT order Sequential compression device	phylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

[]	Place/Maintain sequential compression device continuous	Routine,	Continuous
	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis	"And" Linked Panel
	Contraindications exist for pharmacologic prophylaxis	contrainc	nacologic VTE prophylaxis due to the following lication(s):
[]	Contraindications exist for mechanical prophylaxis		Once anical VTE prophylaxis due to the following lication(s):
	enoxaparin (LOVENOX) injection (Single Resp Selection Required)	oonse)	
()	enoxaparin (LOVENOX) syringe	40 mg, si	ubcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
()	patients with CrCL LESS than 30 mL/min	30 mg, si	ubcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 ents with CrCL LESS than 30 mL/min
()	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, so Starting S	ubcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), S+1
		For Patie mL/min	ents weight between 100-139 kg and CrCl GREATER than 30
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, so Starting S	ubcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), S+1
		For Patie mL/min	ent weight of 140 kg or GREATER and CrCl GREATER than 3
() f	ondaparinux (ARIXTRA) injection	If the patie Heparin-In Contraindi procedure This patie	abcutaneous, daily, Starting S+1 ent does not have a history of or suspected case of educed Thrombocytopenia (HIT) do NOT order this medication cated in patients LESS than 50kg, prior to surgery/invasive , or CrCl LESS than 30 mL/min. ent has a history of or suspected case of Heparin-Induced ytopenia (HIT):
() h	neparin (porcine) injection	5,000 Unit	s, subcutaneous, every 8 hours, S+1 at 6:00 AM
	neparin (porcine) injection (Recommended		s, subcutaneous, every 12 hours, S+1 at 6:00 AM
f	or patients with high risk of bleeding, e.g.	Recomme	nded for patients with high risk of bleeding, e.g. weight LESS
	veight < 50kg and age > 75yrs)		and age GREATER than 75yrs.
() v	varfarin (COUMADIN) tablet	oral, daily Indication:	at 1700 (TIME CRITICAL), Starting S+1
` '	Pharmacy consult to manage warfarin COUMADIN)	STAT, Unt Indication:	til discontinued, Starting S
	echanical Prophylaxis (Single Response) (Sel equired)	ection	
` '	Contraindications exist for mechanical prophylaxis	Routine, C No mecha PACU & P	nical VTE prophylaxis due to the following contraindication(s)
/ \ r	Place/Maintain sequential compression		Continuous, PACU & Post-op

() Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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 Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[]	Moderate Risk (Selection Required) Moderate risk of VTE	Routine, Once, PACU & Post-op	
	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required)		
()	Contraindications exist for pharmacologic prop Order Sequential compression device	hylaxis - "And" Linked Panel	
	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
[]	Place/Maintain sequential compression device continuous	Routine, Continuous	
()	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel	
	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
()	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)		
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S	
()) 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	
()) 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 3 mL/min	
()) 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 3 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 LES 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) (Se Required)	ection	
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(see PACU & Post-op	
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Surgi	cal Patient
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	sponse)
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1
	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1
	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
() for december (ADIVIDA) injection	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 &
()epa (perenie)geette	Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 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), Starting S+1, PACU & Post-op
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	

() HIGH Risk of DVT - Non-Surgical (Selection Required)

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-S	Surgical
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() (0)(5)(0)(1) (1) (0) (1)	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() 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
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	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	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	·

Required)

HIGH Risk of DVT - Surgical (Hip/Knee) (Selection

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required) High risk of VTE	Routine, Once, PACU & Post-op
High Risk Pharmacological Prophylaxis - Hip o	· · · · · · · · · · · · · · · · · · ·
(Arthroplasty) Surgical Patient (Single Respons	
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriytante	contraindication(s):
) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
()	Indications:
) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
) enoxaparin (LOVENOX) injection (Single Res	
(Selection Required)	r/
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
(, = = -4 (= = - , -) 3-	Starting S+1
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or	Starting S+1
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio
	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
heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
knee arthroplasty planned during this	To be Given on Post Op Day 1.
admission	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1
, manami (OCOM) Enty tablet	Indication:
) Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:

Required)

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	PACU & Post-op Routine, Continuous, PACU & Post-op
Labs	
Laboratory Today	
BC with platelet and differential	Once, PACU & Post-op
Basic metabolic panel	Once, PACU & Post-op
[] Troponin	Once, PACU & Post-op
Laboratory in AM	
[] CBC with platelet and differential	AM draw For 1 Occurrences, PACU & Post-op
[] Basic metabolic panel	AM draw For 1 Occurrences, PACU & Post-op
Prothrombin time with INR	AM draw For 1 Occurrences, PACU & Post-op
B natriuretic peptide	AM draw For 1 Occurrences, PACU & Post-op
[] Anti Xa, low molecular weight	Conditional Frequency Heparin Name: Lovenox
	One activation 4 hours after morning dose of enoxaparin,
	PACU & Post-op
Cardiolgoy	
Cardiology	
[] Echocardiogram complete w contrast and 3D if nee	ded Routine, 1 time imaging
	By Cardiology Department only, PACU & Post-op
[] ECG 12 lead	STAT, Once
	Clinical Indications: Cardiac Arrhythmia Interpreting Physician:
	PACU & Post-op
[] ECG 12 lead	Routine, Once, Starting S+1 For 1 Occurrences
	Clinical Indications: Cardiac Arrhythmia
	Interpreting Physician: In morning, Post-op
[] ECG 12 lead	Routine, Conditional Frequency For 10 Occurrences
[[203 .2.000	Clinical Indications: Other:
	Other: For recurrent atrial fibrillation or change in rhythm or
	chest pain
	Interpreting Physician: PACU & Post-op
Imaging	
Diagnostic X-Ray	
[] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S+1 For 1 Occurrences
[] Chest I WI Oldsie	Tomorrow AM, Post-op
[] Chest 2 Vw	Routine, 1 time imaging, Starting S+1 at 5:00 AM For 1
	Tomorrow morning, Post-op
Respiratory	
Consults	
Discharge	
Discharge Order (Single Response)	
() Discharge patient when criteria met	Routine, Once
	Discharge Criteria:
	Scheduling/ADT

Discontinue tubes/drains	
[] Discontinue Foley catheter	Routine, Once, Scheduling/ADT
[] Discharge home with Foley catheter	Routine, Once, Scheduling/ADT
[] Discontinue IV	Routine, Once For 1 Occurrences, Scheduling/ADT
[] Deaccess port	
[] Deaccess Port-a-cath Routine	e, Once, Scheduling/ADT
[] heparin, porcine (PF) 100 unit/mL injection intra-ca	theter, once, Scheduling/ADT
Discharge Activity - REQUIRED	
[] Activity as tolerated	Routine, Normal, Scheduling/ADT
[] Ambulate with assistance or assistive device	Routine, Normal, Scheduling/ADT
Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.
[] Weight bearing restrictions (specify)	Routine, Normal, Scheduling/ADT
[]o.g. u boug .boue.e.e.e (opece))	Weight Bearing Status:
	Extremity:

[] Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
[] Complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
[] No driving for 2 days	Routine, Normal, Scheduling/ADT
[] Shower instructions:	Routine, Normal, Scheduling/ADT, ***
[] Discharge activity	Routine, Normal, Scheduling/ADT
[] Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***
Wound/Incision Care	
	D :: N 10 11 (ADT +++
Discharge wound care	Routine, Normal, Scheduling/ADT, ***
Discharge incision care	Routine, Normal, Scheduling/ADT, ***
[] Discharge dressing	Routine, Normal, Scheduling/ADT, ***
Discharge Diet - REQUIRED (Single Response)	
() Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:
() Discharge Diet- Regular	Routine, Normal, Scheduling/ADT
() Discharge Diet Flegular	Discharge Diet: Regular
Detient to notify physician	
Patient to notify physician	
[] Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5
[] Call physician for: Persistent nausea or vomiting	Routine, Normal, Scheduling/ADT
[] Call physician for: severe uncontrolled pain	Routine, Normal, Scheduling/ADT
[] Call physician for: redness, tenderness, or signs of	Routine, Normal, Scheduling/ADT
infection (pain, swelling, redness, odor or green/yellow	
discharge from affected area)	D ii N I O I I I ADT
[] Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal, Scheduling/ADT
[] Call physician for:	Routine, Normal, Scheduling/ADT, ***
Discharge Education	
Nurse to provide discharge education	Routine, Once
[1 Marso to provide discrininge education	Patient/Family: Both
	Education for: Other (specify)
	Specify: Nurse to provide patient education
	Scheduling/ADT
Nurse to provide tobacco cessation education	Routine, Once
11 The state of th	Patient/Family: Both
	Education for: Other (specify)
	Specify: Nurse to provide tobacco cessation education
	Scheduling/ADT
	•

Discharge Instructions

[] Additional discharge instructions for Patient	Routine, Normal, Scheduling/ADT, ***
Discharge instructions for Nursing- Will not show on AVS	Routine, Once
0	***, Scheduling/ADT
	,
Place Follow-Up Order	
[] Follow-up with me	Follow up with me:
	Clinic Contact:
	Follow up in:
	On date:
	Appointment Time:
[] Follow-up with primary care physician	Routine, Normal, Scheduling/ADT
[] Follow-up with physician	Follow up on:
	Appointment Time:
	Follow up in:
	Instructions for Follow Up:
[] Follow-up with physician	Follow up on:
	Appointment Time:
	Follow up in:
	Instructions for Follow Up:
[] Follow-up with department	Details
[1] construction of the control of t	= - · · · · ·