Left Atrial Appendage Occlusion Implant Post Procedure [3321]

General	
Elective Outpatient or Admission (Single Response)	
() 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. PACU & Post-op
Nursing	
Vitals	
[] Vital signs - T/P/R/BP	Routine, Every 15 min Nurse to reschedule vitals: -Every 15 Minutes for 4 Times (First 1 Hour)
	-Then, every 1 Hour for 4 Times (Next 4 Hours)
	-Then, every 4 Hours for 4 Times (Next 16 Hours), PACU & Post-op
[] Vital signs - T/P/R/BP	Routine, Per unit protocol, PACU & Post-op
Activity - Post Sheath Removal	
[] Head of bed	Routine, Until discontinued, Starting S Head of bed: PACU & Post-op
[] Strict bed rest	Routine, Until discontinued, Starting S Modifier: Bathroom Privileges: PACU & Post-op
[] Strict bed rest - Implant	Routine, Until discontinued, Starting S If sheath(s) present, keep affected limb straight until **hours post sheath removal., PACU & Post-op
Telemetry	
[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
[X] Telemetry Additional Setup Information	Routine, Continuous
[A] Telemeny Additional Setup Information	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
Accessments Cite and Dules	、
Assessments - Site and Pulses	Doubles Event 45 min
[X] Assess operative site	Routine, Every 15 min
	-Every 15 Minutes for 4 Times (First 1 Hour)
	-Then, every 30 Minutes for 4 Times (Next 2 Hours)
	-Then, every 4 Hours
	-DO NOT remove dressing
	 -Notify Provider if dressing becomes saturated or soiled, PACU & Post-op
Pulse checks	Routine, Every 15 min
	Pulses to assess:
	Side:
	If an arterial and venous sheath have been placed, check
	pulses in affected limb:
	-Every 15 Minutes for 4 Times (First 1 Hour)
	-Then, every 1 Hour for 4 Times (Next 4 Hours)
	-Then, every 4 Hours for 4 Times (Next 16 Hours), PACU & Post-op
Interventions	
[] Foley catheter - discontinue	Routine, Once
	Remove when bedrest is discontinued, PACU & Post-op
[] Remove sheath	Add-On, Once
	Now, PACU & Post-op
[] Remove sheath	Routine, Once When ACT is less than ***, PACU & Post-op
[] Remove sheath	Routine, Once *** hours after procedure, PACU & Post-op
Diet	
Heart Heathy Diet-Post Sheath Removal	Diet effective now, Starting S
, ,	Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op

[] Diet - 2000 Carb Control Diet-Post Sheath Remov	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
[] Regular Diet-Post Sheath Removal	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op
[] Clear Liquid 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
[] NPO except meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: PACU & Post-op
Tobacco Education	
[] Tobacco cessation education	Routine, Once, PACU & Post-op
N/ Elizab	
IV Fluids	
Peripheral IV Access	
[X] Initiate and maintain IV	
[X] Insert peripheral IV	Routine, Once
[X] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[X] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
IV Fluids (Single Response)	
() dextrose 5% infusion	intravenous, continuous, PACU & Post-op
Medications	
Postop Antibiotics (Single Response)	
(X) vancomycin (VANCOCIN) IVPB	15 mg/kg, intravenous, once, S at 7:00 PM, For 1 Doses, PACU & Post-op Postop antibiotic. Give 12 hours after the first administration Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
() For Severe Beta-Lactam Allergy - aztreonam (AZACTAM) IV plus vancomycin (VANCOCIN) IV	
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours, For 3 Doses, PACU & Post-op PACU/Postop antibiotic Reason for Therapy: Surgical Prophylaxis
[] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, PACU & Post-op PACU/Postop antibiotic Reason for Therapy: Surgical Prophylaxis
() For Vancomycin Allergy - ceFAZolin (ANCEF) IV - Patients LESS than or EQUAL to 120 kg	
[] ceFAZolin (ANCEF) IV	2 g, intravenous, every 8 hours, For 3 Doses, PACU & Post-op Reason for Therapy: Surgical Prophylaxis

() For Vancomycin Allergy - ceFAZolin (ANCEF) IV Patients GREATER than 120 kg	- For
[] ceFAZolin (ANCEF) IV	3 g, intravenous, every 8 hours, For 3 Doses, PACU & Post-op Reason for Therapy: Surgical Prophylaxis
PRN Mild Pain (Pain Score 1-3) (Single Response) (adjust dose for renal/liver function and age)	
() acetaminophen (TYLENOL) tablet OR oral solution	n "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day f sources)	rom all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), PACU & 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), PACU & 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 t	han 30 mL/min or acute kidney injury.
[] ibuprofen (ADVIL,MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3) 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 suspension	600 mg, oral, every 6 hours PRN, mild pain (score 1-3) 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 recommende patients with eGFR LESS than 30 mL/min.	ed for 250 mg, oral, every 8 hours PRN, mild pain (score 1-3), PACU & Post-op Not recommended for patients with eGFR LESS than 30 mL/min.
Oral for Moderate Pain (Pain Score 4-6): For Patie (adjust dose for renal/liver function and age)	nts LESS than 65 years old (Single Response)
() acetaminophen-codeine (TYLENOL #3) tablet OF	R elixir "Or" Linked Panel
	rom 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), PACU & 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), PACU & Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
() HYDROcodone-acetaminophen 5/325 (NORCO)	tablet "Or" Linked Panel
OR elixir Maximum of 3 grams of acetaminophen per day f sources)	rom 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)
() HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet "Or" Linked Panel

Maximum of 3 grams of acetaminophen per day fi sources)	rom all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & 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), PACU & Post-op
7.3 323 Hig/13 HiE 301011011	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) OR elixir	tablet "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day fi sources)	rom 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), PACU & 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), PACU & 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 that mL/min, change frequency to every 12 hours)	n 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 Patier (adjust dose for renal/liver function and age)	nts GREATER than 65 years old (Single Response)
() acetaminophen-codeine (TYLENOL #3) tablet OF	elixir "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day fi sources)	
[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), PACU & 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), PACU & 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) to OR elixir	tablet "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day fi sources)	rom 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 than 30 mL/min, change frequency to every 12 hours)	25 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.
IV for Moderate Pain (Pain Score 4-6): For Patients LESS (adjust dose for renal/liver function and age)	than 65 years old (Single Response)
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), PACU & 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), PACU & 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), PACU & Post-op Use if patient is unable to swallow or faster onset is needed
() ketorolac (TORADOL) IV (Single Response) Do NOT use in patients with eGFR LESS than 30 mL/min WARNING: Use is contraindicated for treatment of periop (CABG) surgery.	AND/OR patients LESS than 17 years of age. erative pain OR in the setting of coronary artery bypass graft
	intravenous, every 6 hours PRN, moderate pain (score 4-6), & Post-op
	intravenous, every 6 hours PRN, moderate pain (score 4-6),
	& Post-op
GREATER than or EQUAL to 50 kg AND PACU eGFR at least 60 mL/min - ketorolac	& Post-op
GRÉATER than or EQUAL to 50 kg AND PACU eGFR at least 60 mL/min - ketorolac (TORADOL) injection IV for Moderate Pain (Pain Score 4-6): For Patients GREA	& Post-op TER than 65 years old (Single Response) 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), PACU & Post-op
GRÉATER than or EQUAL to 50 kg AND PACU eGFR at least 60 mL/min - ketorolac (TORADOL) injection IV for Moderate Pain (Pain Score 4-6): For Patients GREA (adjust dose for renal/liver function and age)	& Post-op TER than 65 years old (Single Response) 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op
GRÉATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection IV for Moderate Pain (Pain Score 4-6): For Patients GREA (adjust dose for renal/liver function and age) () fentaNYL (SUBLIMAZE) injection	TER than 65 years old (Single Response) 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op
GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection IV for Moderate Pain (Pain Score 4-6): For Patients GREA (adjust dose for renal/liver function and age) () fentaNYL (SUBLIMAZE) injection () morphine 2 mg/mL injection	TER than 65 years old (Single Response) 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & Post-op
GRÉATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection IV for Moderate Pain (Pain Score 4-6): For Patients GREA (adjust dose for renal/liver function and age) () fentaNYL (SUBLIMAZE) injection () morphine 2 mg/mL injection () HYDROmorphone (DILAUDID) injection () ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min.	TER than 65 years old (Single Response) 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & 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
GRÉATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection IV for Moderate Pain (Pain Score 4-6): For Patients GREA (adjust dose for renal/liver function and age) () fentaNYL (SUBLIMAZE) injection () morphine 2 mg/mL injection () HYDROmorphone (DILAUDID) injection () ketorolac (TORADOL) injection - Do not use in patients	TER than 65 years old (Single Response) 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & 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
GRÉATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection IV for Moderate Pain (Pain Score 4-6): For Patients GREA (adjust dose for renal/liver function and age) () fentaNYL (SUBLIMAZE) injection () morphine 2 mg/mL injection () HYDROmorphone (DILAUDID) injection () ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min.	TER than 65 years old (Single Response) 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & 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 than 65 years old (Single Response)
GRÉATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection IV for Moderate Pain (Pain Score 4-6): For Patients GREA (adjust dose for renal/liver function and age) () fentaNYL (SUBLIMAZE) injection () morphine 2 mg/mL injection () HYDROmorphone (DILAUDID) injection () ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min. Oral for Severe Pain (Pain Score 7-10): For Patients LESS (adjust dose for renal/liver function and age)	**ER than 65 years old (Single Response) 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), PACU & Post-op Use if patient is unable to swallow or faster onset is needed 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), PACU & 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 5 than 65 years old (Single Response)

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

() HYDROcodone-acetaminophen (NORCO) 7.5-325 per tablet	PACU & 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), PACU & 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), PACU & 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), PACU & 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), PACU & Post-op Give if patient is able to tolerate oral medication
IV for Severe Pain (Pain Score 7-10): For Patients L (adjust dose for renal/liver function and age)	ESS than 65 years old (Single Response)
() fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score
	7-10), PACU & 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), PACU & Post-op
() LIVDDOmorphone (DILALIDID) inication	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), PACU & Post-opUse if patient is unable to swallow or faster onset is needed
IV for Severe Pain (Pain Score 7-10): For Patients G	SPEATED than 65 years old (Single Beanance)
(adjust dose for renal/liver function and age)	REATER than 65 years old (Single Response)
(adjust dose for remainiver function and age)	
() fortoNIVI (CLIDI IMAZE) inication	OF many interesses are a Decree DDN assessment (assess
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), PACU & 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
() morphine injection	7-10), PACU & 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
() The nomorphone (BIENOBIE) injection	7-10), PACU & Post-op Use if patient is unable to swallow or faster onset is needed
	oss in patient to anable to entailor of factor effect to flooded
Antiemetics - HMH, HMSJ, HMW, HMSTC Only	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Requ	ired) "Or" Linked Panel
	4 mg, oral, every 8 hours PRN, nausea, vomiting, PACU & 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, PACU & 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
r	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU &
, ,	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.
	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU & 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, PACU & 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	
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, PACU & 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, PACU & 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 Recta	
[X] promethazine (PHENERGAN) 12.5 mg in	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN,
sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
DO II I (DUENEDOAN) : II I	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 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 Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics - HMSJ, HMTW Only	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Re-	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, PACU & 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, PACU & 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	
[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
	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 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 Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Laxatives	
[] bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation, PACU & Post-op RN may use second option based on the patient response to the first option attempted.
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, PACU & Post-op RN may use second option based on the patient response to the first option attempted.
Itching: For Patients GREATER than 77 years old	·
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, PACU & Post-op
Itching: For Patients between 70-76 years old (Sin	
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, PACU & Post-op
Itching: For Patients LESS than 70 years old (Sing	gle Response)

() diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching, PACU & Post-op
() hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching, PACU & Post-op
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, PACU & Post-op
() fexofenadine (ALLEGRA) tablet - For eGFR LESS that	
80 mL/min, reduce frequency to once daily as needed	1
Anxiety (Single Response)	
() LORazepam (ATIVAN) tablet	1 mg, oral, every 8 hours PRN, anxiety, PACU & Post-op Indication(s): Anxiety
() ALPRAZolam (XANAX) tablet	0.25 mg, oral, every 6 hours PRN, anxiety, PACU & Post-op Indication(s): Anxiety
Insomnia: For Patients GREATER than or EQUAL to 7	70 years old (Single Response)
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, PACU & Post-op
Insomnia: For Patients LESS than 70 years old (Singl	
() zolpidem (AMBIEN) tablet	. ,
() ramelteon (ROZEREM) tablet	5 mg, oral, nightly PRN, sleep, PACU & Post-op 8 mg, oral, nightly PRN, sleep, PACU & Post-op
	o mg, oral, mgmily i mix, sleep, i Aco & i ost-op
VTE	
DVT Risk and Prophylaxis Tool (Single Response) (So	election Required) URL: "\appt1.pdf"
() Patient currently has an active order for therapeutic	Routine, Once
anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is
	already on therapeutic anticoagulation for other indication.
	Therapy for the following: PACU & Post-op
() LOW Risk of DVT (Selection Required)	17.00 4 1 001 00
TO FOW HISK OF DAT COELECTION DECIDIES.	
Low Risk Definition Age less than 60 years and NO other VTE risk factors	S
Low Risk Definition	S
Low Risk Definition Age less than 60 years and NO other VTE risk factors	S
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (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 Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE F	
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 .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE E O O O O O O O O O O O O	Routine, Once .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE F L () MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red)
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE F () MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mech	Routine, Once .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE F () MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanicated.	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red)
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] F () MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanicated. One or more of the following medical conditions:	Routine, Once .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] F () MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechantoricated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammati	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red)
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mech contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammating stroke, rheumatologic disease, sickle cell disease, legated.	Routine, Once .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanter and the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammating stroke, rheumatologic disease, sickle cell disease, leguage 60 and above Central line	Routine, Once .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanter and the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammating stroke, rheumatologic disease, sickle cell disease, legange 60 and above Central line History of DVT or family history of VTE	Routine, Once .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] F [] MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mech contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatistroke, rheumatologic disease, sickle cell disease, legated Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours	Routine, Once .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanter and the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammating stroke, rheumatologic disease, sickle cell disease, legange 60 and above Central line History of DVT or family history of VTE	Routine, Once .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] F [] MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanter and the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammating stroke, rheumatologic disease, sickle cell disease, legundated 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)	Routine, Once .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] F [] MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanter and the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammating stroke, rheumatologic disease, sickle cell disease, legundated 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	Routine, Once .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] F [] MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanter and the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammating stroke, rheumatologic disease, sickle cell disease, legundated 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)	Routine, Once .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] MODERATE Risk of DVT - Surgical (Selection Requived) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanter and the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatistroke, rheumatologic disease, sickle cell disease, legange 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)	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous g swelling, ulcers, venous stasis and nephrotic syndrome
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanter and the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatistroke, rheumatologic disease, sickle cell disease, legange 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 Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous g swelling, ulcers, venous stasis and nephrotic syndrome
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] F () MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mech contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammati stroke, rheumatologic disease, sickle cell disease, legange 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 Pharmacological Prophylaxis - Surgery [] Moderate Risk Ph	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous g swelling, ulcers, venous stasis and nephrotic syndrome
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE [] MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanter and the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatistroke, rheumatologic disease, sickle cell disease, legange 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 .ow risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op red) nanical prophylaxis is optional unless pharmacologic is on, dehydration, varicose veins, cancer, sepsis, obesity, previous g swelling, ulcers, venous stasis and nephrotic syndrome Routine, Once, PACU & Post-op gical

[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	enoxaparin (LOVENOX) injection (Single Res (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 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 3 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 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) (Se Required)	election
` '	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

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 (Selection Required)	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	<u> </u>
 Contraindications exist for pharmacologic prop 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): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response (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 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
() 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) (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
() HIGH Risk of DVT - Surgical (Selection Require	ed)
or protein S deficiency; hyperhomocysteinemia;	s: ariant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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	

[] High Risk (Selection Required)	
[] High risk (Selection Required)	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	·
() 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 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) (Selection Required)		
() Contraindications exi prophylaxis	st for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain seque device continuous	·	Routine, Continuous, PACU & Post-op

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

High Risk Definition

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

] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
] High Risk Pharmacological Prophylaxis - Non-S	
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 Respondant (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	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 3
	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	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
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
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)
()	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	lection
() 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

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

High Risk Definition

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

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once, PACU & Post-op	
[] High Risk Pharmacological Prophylaxis - Hip or Knee		
(Arthroplasty) Surgical 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	
() 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	ponse)	
(Selection Required)		
() 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	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	
() enoxaparin (LOVENOX) syringe - For	mL/min. 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. Indications:	
admission () warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1	
() warfarin (COUMADIN) tablet	Indication:	
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S	
(COUMADIN)	Indication:	
(

[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() 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
VT Risk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
) LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fact	ors
Age less than 60 years and 140 other 412 hisk race	013
[] Low Risk (Single Response) (Selection Required	4)
() Low risk of VTE	Routine, Once
() LOW HISK OF VIL	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
	PACU & Post-op
) MODERATE Risk of DVT - Surgical (Selection Rec	·
Moderate Risk Definition	quii eu j
	echanical prophylaxis is optional unless pharmacologic is
CONTRAINGICATEG	
contraindicated.	
One or more of the following medical conditions:	
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammations.	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammations, rheumatologic disease, sickle cell disease,	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatroke, rheumatologic disease, sickle cell disease, Age 60 and above	
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line	
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE	leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours	leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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	leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours	leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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)	leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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	leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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)	leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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	leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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)	leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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	leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Si	Routine, Once, PACU & Post-op
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Silenti (Single Response) (Selection Required)	Routine, Once, PACU & Post-op urgical
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Si Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prople	Routine, Once, PACU & Post-op urgical
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Si Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prople BUT order Sequential compression device	Routine, Once, PACU & Post-op urgical hylaxis "And" Linked Panel
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Si Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic propl BUT order Sequential compression device [] Contraindications exist for pharmacologic	Routine, Once, PACU & Post-op urgical hylaxis "And" Linked Panel Routine, Once
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Si Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prople BUT order Sequential compression device	Routine, Once, PACU & Post-op urgical hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Si Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic propl BUT order Sequential compression device [] Contraindications exist for pharmacologic	Routine, Once, PACU & Post-op urgical hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - State Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op urgical hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Si Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic propl BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op urgical hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Si Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prople BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prople	Routine, Once, PACU & Post-op urgical hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Si Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prople BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prople AND mechanical prophylaxis	Routine, Once, PACU & Post-op urgical hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op hylaxis "And" Linked Panel
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Si Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prople BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prople AND mechanical prophylaxis [] Contraindications exist for pharmacologic	Routine, Once, PACU & Post-op urgical hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op hylaxis "And" Linked Panel Routine, Continuous, PACU & Post-op hylaxis "And" Linked Panel Routine, Once
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamms stroke, rheumatologic disease, sickle cell disease, 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 Pharmacological Prophylaxis - Si Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prople BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prople AND mechanical prophylaxis	Routine, Once, PACU & Post-op urgical hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op hylaxis "And" Linked Panel

[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	·
() 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, 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
weight < 30kg and age > 73yrs)	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) (Sometime 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
() MODERATE Risk of DVT - Non-Surgical (Selecti Required)	on
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam	Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	

Routine, Once, PACU & Post-op

[] Moderate risk of VTE

()	Required) Contraindications exist for pharmacologic prop	ohylaxis - "And" Linked Panel
_	Order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
()	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Ī	Contraindications exist for mechanical	Routine, Once
-	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	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 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.	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES
()	weight < 50kg and age > 75yrs) warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. 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) (Sel Required)	
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(PACU & Post-op
7	Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op

High Risk Definition

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 - Surgio	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 (Selection Required)	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	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
() Toridaparilida (ArtiArtiA) injection	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
()arfariin (COLIMADINI) talalat	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)	lection
() 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

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

High Risk Definition

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			
Patient (Single Response) (Selection Required)			
() Contraindications exist for pharmacologic	Routine, Once		
prophylaxis	No pharmacologic VTE prophylaxis due to the following		
	contraindication(s):		
() (I O)/FNO() : : : (O: I D	PACU & Post-op		
() enoxaparin (LOVENOX) injection (Single Res (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	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		
	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		
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours		
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)		
,	Indication:		
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S		
(COUMADIN)	Indication:		
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection		
() 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

High Risk Definition

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

[] 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)	r Knee
() 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 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 () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 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 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 between 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 3 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 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 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 To be Given on Post Op Day 1. Indications:
() 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:

() 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
Labs	
Laboratory - Required Post Procedure	
[X] Creatinine level	Daily, Starting S with First Occurrence Include Now For 2 Occurrences Draw post procedure and repeat prior to discharge, Post-op
[X] Hemoglobin	Once For 1 Occurrences Draw post procedure, Post-op
Laboratory - Tomorrow AM	
[] Prothrombin time with INR	AM draw For 1 Occurrences, Post-op
OBC with platelet and differential	AM draw For 1 Occurrences, Post-op
[] Basic metabolic panel	AM draw For 1 Occurrences, Post-op
[] Anti Xa, low molecular weight	AM draw For 1 Occurrences Heparin Name: Post-op
Imaging	
Chest X Ray	
[] XR Chest 1 Vw Portable	Routine, 1 time imaging For 1 , PACU & Post-op
Cardiology	
ECG and ECHO	
[] ECG Pre/Post Op	STAT, Once Clinical Indications: Interpreting Physician: Post procedure, PACU & Post-op
[] ECG Pre/Post Op-Tomorrow	Routine, Once, Starting S+1 Clinical Indications: Interpreting Physician: Post procedure, PACU & Post-op
[] Echocardiogram complete w contrast and 3D if nee	
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	
	Routine, Once intra-catheter, once
Discharge Activity	
	Routine, Normal, Scheduling/ADT
Activity as tolerated Ambulate with assistance or assistive device	Routine, Normal, Scheduling/ADT Routine, Normal, Scheduling/ADT
[] Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.

[] Weight bearing restrictions (specify)	Routine, Normal, Scheduling/ADT 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 weeks	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	
[] Discharge wound care	Routine, Normal, Scheduling/ADT, ***
[] Discharge incision care	Routine, Normal, Scheduling/ADT, ***
[] Discharge dressing	Routine, Normal, Scheduling/ADT, ***
Discharge Diet (Single Response)	
() Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:
() Discharge Diet- Regular	Routine, Normal, Scheduling/ADT Discharge Diet: Regular
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 infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Normal, Scheduling/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
	Patient/Family: Both
	Education for: Other (specify)
	Specify: Nurse to provide patient 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
	***, Scheduling/ADT
Place Follow-Up Order	
[] Follow-up with primary care physician	Routine, Normal, Scheduling/ADT
[] Follow-up with physician	Follow up on:
	Appointment Time:
	Follow up in:
[1] Follow up with physician	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
L1	

[]	Referral to Care Navigators	Internal Referral Care Navigator Referral Reason:
		Patient's Phone Number: