Otolaryngology Post-Op [2030]

Caraga	
General	
Common Present on Admission Diagnosis	
[] Acidosis	Post-op
Acute Post-Hemorrhagic Anemia	Post-op
Acute Renal Failure	Post-op
Acute Respiratory Failure	Post-op
[] Acute Thromboembolism of Deep Veins of Lower	Post-op
Extremities	·
[] Anemia	Post-op
[] Bacteremia	Post-op
Bipolar disorder, unspecified	Post-op
[] Cardiac Arrest	Post-op
[] Cardiac Dysrhythmia	Post-op
[] Cardiogenic Shock	Post-op
Decubitus Ulcer	Post-op
Dementia in Conditions Classified Elsewhere	Post-op
Disorder of Liver	Post-op
[] Electrolyte and Fluid Disorder	Post-op
[] Intestinal Infection due to Clostridium Difficile	Post-op
Methicillin Resistant Staphylococcus Aureus Infection	Post-op
[] Obstructive Chronic Bronchitis with Exacerbation	Post-op
[] Other Alteration of Consciousness	Post-op
[] Other and Unspecified Coagulation Defects	Post-op
[] Other Pulmonary Embolism and Infarction	Post-op
Phlebitis and Thrombophlebitis	Post-op
Protein-calorie Malnutrition	Post-op
[] Psychosis, unspecified psychosis type	Post-op
Schizophrenia Disorder	Post-op
[] Sepsis	Post-op
Septic Shock	Post-op
[] Septicemia	Post-op
[] Type II or Unspecified Type Diabetes Mellitus with	Post-op
Mention of Complication, Not Stated as Uncontrolled [] Urinary Tract Infection, Site Not Specified	Post-op
[1 Simaly Fract infoction, one flot opcomed	1 001 00
Elective Outpatient, Observation, or Admission (Single I	Response)
() Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
	Patient Condition:
	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:
() Admit to languight	PACU & Post-op
() Admit to Inpatient	Diagnosis: Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
Printed on 6/1/2020 at 3:28 PM from Production	Page 1 of 2
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Admission or Observation (Single Response) Patient has active outpatient status order on file

() Admit to Inpatient	Diagnosis:
() Tienman in periodic	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	PACU & Post-op
) Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
	Patient Condition:
	Bed request comments:
	PACU & Post-op
) Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:
\ Transfer nations	PACU & Post-op Level of Care:
) Transfer patient	
	Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
/ Notall to provide bed	Rodding, Onth discontinuou, Starting 5, Sonodding/ND1
Admission (Single Response) Patient has active status order on file	
) Admit to inpatient	Diagnosis:
) Admit to inpatient	Admitting Physician:
) Admit to inpatient	Admitting Physician: Level of Care:
) Admit to inpatient	Admitting Physician: Level of Care: Patient Condition:
) Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments:
Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment
) Admit to inpatient	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
() Admit to inpatient	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
() Admit to inpatient	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
) Admit to inpatient) Transfer patient	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.
	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
	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 Level of Care: Bed request comments: Scheduling/ADT
() Transfer patient	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 Level of Care: Bed request comments:
Transfer patient Return to previous bed	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 Level of Care: Bed request comments: Scheduling/ADT
() Transfer patient () Return to previous bed	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 Level of Care: Bed request comments: Scheduling/ADT
() Transfer patient () Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file	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 Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT
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Transfer patient Return to previous bed Fransfer (Single Response) Patient has active inpatient status order on file Transfer patient	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 Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Level of Care: Bed request comments: Scheduling/ADT
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() Transfer patient () Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file () Transfer patient () Return to previous bed Code Status [] Full code	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 Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT
() Transfer patient () Return to previous bed Transfer (Single Response) Patient has active inpatient status order on file () Transfer patient () Return to previous bed Code Status [] Full code [] DNR (Do Not Resuscitate) (Selection Required)	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 Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Level of Care: Bed request comments: Scheduling/ADT Routine, Until discontinued, Starting S, Scheduling/ADT Code Status decision reached by:

	Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult: Post-op
[] Modified Code	Does patient have decision-making capacity? Modified Code restrictions: Post-op
[] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
 Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 	Once, Sputum, Post-op
[] Contact isolation status	Details
Droplet isolation status	Details Details
[] Enteric isolation status	Details
Precautions	
Aspiration precautions	Post-op
[] Fall precautions	Increased observation level needed: Post-op
Latex precautions	Post-op
[] Seizure precautions	Increased observation level needed: Post-op
Nursing	
Vital Signs (Single Response)	
(X) Vital signs - T/P/R/BP	Routine, Per unit protocol, PACU & Post-op
Activity	
Strict bed rest	Routine, Until discontinued, Starting S, PACU & Post-op
	Routine, Until discontinued, Starting S
· -	Specify: Up with assistance
[] Up with assistance	Specify: Up with assistance PACU & Post-op
[] Up with assistance	Specify: Up with assistance
[] Up with assistance	Specify: Up with assistance PACU & Post-op Routine, Until discontinued, Starting S Specify: Up ad lib PACU & Post-op
[] Up with assistance	Specify: Up with assistance PACU & Post-op Routine, Until discontinued, Starting S Specify: Up ad lib PACU & Post-op Routine, 3 times daily
[] Up with assistance	Specify: Up with assistance PACU & Post-op Routine, Until discontinued, Starting S Specify: Up ad lib PACU & Post-op Routine, 3 times daily Specify: Up in chair
[] Up with assistance	Specify: Up with assistance PACU & Post-op Routine, Until discontinued, Starting S Specify: Up ad lib PACU & Post-op Routine, 3 times daily Specify: Up in chair Additional modifier:
Dp with assistance Up ad lib Up in chair	Specify: Up with assistance PACU & Post-op Routine, Until discontinued, Starting S Specify: Up ad lib PACU & Post-op Routine, 3 times daily Specify: Up in chair Additional modifier: PACU & Post-op
[] Up with assistance [] Up ad lib [] Up in chair	Specify: Up with assistance PACU & Post-op Routine, Until discontinued, Starting S Specify: Up ad lib PACU & Post-op Routine, 3 times daily Specify: Up in chair Additional modifier:
[] Up with assistance [] Up ad lib [] Up in chair	Specify: Up with assistance PACU & Post-op Routine, Until discontinued, Starting S Specify: Up ad lib PACU & Post-op Routine, 3 times daily Specify: Up in chair Additional modifier: PACU & Post-op Routine, Until discontinued, Starting S All meals out of bed, PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees
 Up with assistance Up ad lib Up in chair All meals out of bed Head of bed 30 degrees 	Specify: Up with assistance PACU & Post-op Routine, Until discontinued, Starting S Specify: Up ad lib PACU & Post-op Routine, 3 times daily Specify: Up in chair Additional modifier: PACU & Post-op Routine, Until discontinued, Starting S All meals out of bed, PACU & Post-op Routine, Until discontinued, Starting S
 Up with assistance Up ad lib Up in chair All meals out of bed Head of bed 30 degrees 	Specify: Up with assistance PACU & Post-op Routine, Until discontinued, Starting S Specify: Up ad lib PACU & Post-op Routine, 3 times daily Specify: Up in chair Additional modifier: PACU & Post-op Routine, Until discontinued, Starting S All meals out of bed, PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 30 degrees PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 11 discontinued, Starting S Head of bed: 12 degrees PACU & Post-op Routine, Until discontinued, Starting S Head of bed: 13 degrees

[] Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
	Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
	PACU & Post-op
[] Telemetry Additional Setup Information	Routine, Continuous
	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175 Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
	PACU & Post-op
[] Pulse oximetry check	Routine, Continuous
	Current FIO2 or Room Air:
	PACU & Post-op
[] Assess operative site	Routine, Every 8 hours, PACU & Post-op
[] Ice chips	Routine, Until discontinued, Starting S, PACU & Post-op
[] Measure drainage	Routine, Once Type of drain:
	PACU & Post-op
Assess for Nausea	Routine, Once
[] Added to Nadded	Assess: for Nausea
	PACU & Post-op
[] Assess lumbar drain dressing.	Routine, Once
	Assess: Lumbar drain dressing and notify if saturated.
	PACU & Post-op
[] Assess for pain	Routine, Once
	Assess: for pain
	PACU & Post-op
[] Neurological assessment	Routine, Once
	Assessment to Perform: PACU & Post-op
Peripheral vascular assessment	Routine, Once, PACU & Post-op
Intake and output	Routine, Once, FACO & Post-op Routine, Every shift, PACU & Post-op
[X] Height and weight	Routine, Once For 1 Occurrences
[A] Holght and Wolght	On admission, PACU & Post-op
[] Surgical/incision site care	Routine, Once
	Location:
	Site:
	Apply:
	Dressing Type:
	Open to air?
[1] Deinferen derecing	PACU & Post-op
[] Reinforce dressing	Routine, As needed Reinforce with:
	If saturated., PACU & Post-op
[] Drain care	Routine, Until discontinued, Starting S
Li Dianioaio	Drain 1:
	Drain 2:
	Drain 3:
	Drain 4:
	All Drains:
	PACU & Post-op
[] Trach care	Routine, Once
II Di a di a di a	Trach tray to bedside, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op

[] Straight cath	Routine, Once If discomfort, GREATER than 400 mL by bladder scan, or if unable to void in 6 hours. Notify physician if required times 2., PACU & Post-op
[] Insert/Maintain Foley and Notify	<u> </u>
[] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: If unable to void after second attempt at straight cath, insert Foley and calphysician, PACU & Post-op
[] Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain to gravity/bedside drain, PACU & Post-op
Notify Physician if unable to void after second attempt at straight cath and Foley inserted	Routine, Until discontinued, Starting S, PACU & Post-op
[] Foley catheter - discontinue	Routine, Once, PACU & Post-op
[] Provide equipment / supplies at bedside	Routine, Once Supplies: Suture removal kit PACU & Post-op
[] No anticoagulants INcluding UNfractionated hepar	rin Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op
[] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: PACU & Post-op
Notify	·
[] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 95 Diastolic BP greater than: 100 Diastolic BP less than: 50 MAP less than: 60 Heart rate greater than (BPM): 120 Heart rate less than (BPM): 50 Respiratory rate greater than: 24
	Respiratory rate less than: 8
[] Notify Physician If drain measurement exceeds 10 mililiters per shift	SpO2 less than: 93 Routine, Until discontinued, Starting S, PACU & Post-op
[] Notify Physician of changes in mental status	Routine, Until discontinued, Starting S, PACU & Post-op
Diet	
[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
	PACU & Post-op
[] NPO except ice chips	Diet effective now, Starting S NPO: Except Ice chips Pre-Operative fasting options: PACU & Post-op

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[] Diet - Clear liquids (advance as tolerated to Regular)	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Regular
	Advance target diet criteria: Please assess bowel sounds
	between progressions.
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
Il Diet Deguler	PACU & Post-op
[] Diet - Regular	Diet effective now, Starting S Diet(s): Regular
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - 2000 Kcal/225 gm Carb	Diet effective now, Starting S
	Diet(s): 2000 Kcal/225 gm Carbohydrate
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction: Foods to Avoid:
	PACU & Post-op
[] Diet - Full liquids	Diet effective now, Starting S
	Diet(s): Full Liquids
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - NDD Dysphagia Pureed	Diet effective now, Starting S
	Diet(s): Dysphagia
	Solid Consistency: National Dysphagia Diet 1-Dysphagia Pureed
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - Dysphagia NDD2 Mech. Altered	Diet effective now, Starting S
	Diet(s): Dysphagia
	Solid Consistency: National Dysphagia Diet 2-Dysphagia
	Mechanically Altered Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	PACU & Post-op
[] Diet - Blenderized/Wired Jaw	Diet effective now, Starting S
	Diet(s): Dysphagia
	Solid Consistency: Blenderized/Wired Jaw
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction: Foods to Avoid:
	PACU & Post-op
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[] Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: PACU & Post-op Diet effective now, Starting S Tube Feeding Formula:
	Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? PACU & Post-op
Education	
[] Patient education - Trach care	Routine, Once Patient/Family: Education for: Other (specify) Specify: Trach care PACU & Post-op
IV Fluids	
IV Fluids (Single Response)	
	introveneus continuous Post es
() lactated Ringer's infusion() sodium chloride 0.9 % infusion	intravenous, continuous, Post-op intravenous, continuous, Post-op
() sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous, Post-op
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients	intravenous, continuous, Post-op
Medications	
Prophylactic Antibiotics: For Patients LESS than or EQUAL	to 120 kg
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] ampicillin IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] ceFAZolin (ANCEF) IV - For patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason of Therapy: Surgical Prophylaxis
[] levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

[] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
Prophylactic Antibiotics: For Patients GREATER th	nan 120 kg
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] ampicillin IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] ceFAZolin (ANCEF) IV - For Patients GREATER the 120 kg	
[] clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
[] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
Nasal	
[] sodium chloride (OCEAN) 0.65 % nasal spray	1 spray, Each Nare, every 2 hour PRN, keep nose moist, Post-op
[] oxymetazoline (AFRIN) 0.05 % nasal spray	2 spray, Each Nare, 2 times daily, Post-op
[] mupirocin (BACTROBAN) 2 % ointment	1 application, Topical, 2 times daily, Post-op Apply nasally to both nostrils. Start as soon as possible if diabetic.
Oral Care	
[] chlorhexidine (PERIDEX) 0.12 % solution	15 mL, Swish & Spit, every 8 hours, Post-op Oral rinse for 30 seconds, then expectorate every 8 hours
Wound Care [] bacitracin ointment	Topical, 2 times daily, Post-op Apply ointment to incision
Corticosteroids	
[] dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours, Post-op
GI Medications (Single Response)	
() famotidine (PEPCID) Oral or IV	"Or" Linked Panel
[] famotidine (PEPCID) tablet	20 mg, oral, 2 times daily, Post-op May crush and give per nasogastric tube if needed. Give the tablet if the patient can tolerate oral medication.
[] famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily, Post-op Use injection if patient cannot tolerate oral medication or requires a faster onset of action.
() pantoprazole (PROTONIX) Oral or IV	"Or" Linked Panel
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily before breakfast, Post-op Once extubated. Please give if patient can tolerate oral. Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

[] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily before breakfast, Post-op Give if patient cannot tolerate oral medications Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
() calcium carbonate (TUMS) chewable tablet	1,000 mg, oral, every 6 hours, Post-op
Mild Pain (Pain Score 1-3) (Single Response)	
() acetaminophen (TYLENOL) Oral Tablet or Oral Suspension or Rectal Suppository	"Or" Linked Panel
acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op
[] acetaminophen (TYLENOL) liquid	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), headaches
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), Post-op
) acetaminophen-codeine (TYLENOL #3) tablet O solution	
	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen-codeine (TYLENOL #3)	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Post-op
300-30 mg per tablet	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.
[] acetaminophen-codeine 300 mg-30 mg	12.5 mL, oral, every 4 hours PRN, mild pain (score 1-3), Post-op
/12.5 mL solution	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use patient cannot swallow tablet.
) HYDROcodone-acetaminophen 5/325 (NORCO) tablet "Or" Linked Panel
OR elixir	
Maximum of 3 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO)5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
() hydrocodone-acetaminophen 7.5/325 (NORCO) OR elixir	tablet "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 4 hours PRN, mild pain (score 1-3), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
 HYDROcodone-acetaminophen 10/325 (NORCO OR elixir 	O) tablet "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 4 hours PRN, mild pain (score 1-3), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet.
Moderate Pain (Pain Score 4-6) (Single Response	e)
) acetaminophen-codeine (TYLENOL #3) tablet O	OR oral "Or" Linked Panel
solution	

Maximum of 3 grams of acetaminophen per day fr sources)	om all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	2 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	25 mL, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
() HYDROcodone-acetaminophen 5/325 (NORCO) t OR elixir	ablet "Or" Linked Panel
	om 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) ta OR elixir	ablet "Or" Linked Panel
	om all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	2 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
() HYDROcodone-acetaminophen 10/325 (NORCO) OR elixir	tablet "Or" Linked Panel
	om all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	2 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet.
Severe Pain (Pain Score 7-10) (Single Response)	
() morPHINE injection	intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
Respiratory Agents	
[] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 6 hours PRN, wheezing, Post-op Nebulize while awake Aerosol Delivery Device:
[] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 2 hour PRN, shortness of breath, Post-op
[] ipratropium (ATROVENT) 0.02 % nebulizer solution	Aerosol Delivery Device: 0.5 mg, nebulization, every 6 hours PRN, wheezing, shortness of breath, Post-op Nebulize while awake. Aerosol Delivery Device:
[] oxymetazoline (AFRIN) 0.05 % nasal spray	2 spray, Each Nare, every 12 hours PRN, congestion, Post-op

X] ondansetron (ZOFRAN) IV or Oral (Selection Red	
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset caction is required.
() promethazine (PHENERGAN) IV or Oral or Recta	al "Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to toleral oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
/TE DVT Risk and Prophylaxis Tool (Single Response	(Salaction Paguirad)
W I Kisk and Prophylaxis 1001 (Single Response	URL: "\appt1.pdf"
) Patient currently has an active order for therapeu 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)	<u>'</u>
[] Low Risk (Single Response) (Selection Require () Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgage early ambulation
	PACU & Post-op
) MODERATE Risk of DVT - Surgical (Selection Report of the property of the	equired)
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) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic pro BUT 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 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)	sponse)
() enoxaparin (LOVENOX) syringe() patients with CrCL LESS than 30 mL/min	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min
() 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 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:

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

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis -	ation
Non-Surgical Patient (Single Response) (Select Required)	CHOTI
() Contraindications exist for pharmacologic pro	phylaxis - "And" Linked Panel
Order Sequential compression device	' '
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
[] Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	reading, continuous, i recourse op
() Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
II. On the St. Professor and the second and all	PACU & Post-op
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	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 1700 (TIME CRITICAL), Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
() heparin (porcine) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op
··· /	Indication:
1 0/4/0000 1 0 00 DM1 D 1 1	D 40.4

HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition	() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
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 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 for VTE	, ,	mucation.
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 or or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Severe fracture of hip, pelvis or leg Acute sishmer is troke History of PE High Risk (Selection Required) High Risk (Selection Required) High Risk (Selection Required) Contraindications exist for pharmacologic prophylaxis - Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis - Surgical Patient (Single Response) (Selection Required) Onoxaparin (LOVENOX) injection (Single Response) Onexaparin (LOVENOX) syringe		
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	One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; my	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Acute ischemic stroke History of PE High Risk (Selection Required) High risk of VTE	Acute spinal cord injury with paresis Multiple major traumas	
High Risk (Selection Required) High risk of VTE		
[] High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis Routine, Once No Pharmacologic prophylaxis	History of PE	
[] High risk of VTE		
[] High risk of VTE Routine, Once, PACU & Post-op [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet Routine, Once Norter Patients (Authin, Once Noutine, Once Norter Patients (Authin, Once Norter Patients (Authin, Once) Notatine, Once Norter Patients (Authin, Once) Notatine, Once Norter Patients (Authin, Once) Notatine, Once Norter Patients (Authin, Once) Nopatients (Authin, Onco (Authin, Onco (Authin), Once Nopatients (Authin, Onco (Authin), Onco (Aut	1 High Risk (Selection Required)	
High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis Routine, Once No pharmacologic vTE prophylaxis due to the following contraindication(s): PACU & Post-op		Routine, Once, PACU & Post-op
(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 Response) (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet Routine, Once No pharmacologic VTE prophylaxis due to the following contraindicated in prophylaxis due to the following contraindicated in potental to the following contraindicated in potental to the following contraindicated in patients with high risk of bleeding, e.g. weight LE than 50kg and age CREATER than 75yrs. () warfarin (COUMADIN) tablet		·
Prophylaxis No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet No mg, subcutaneous, daily at 0600, 1800 (TIME CRITICA Starting S+1) For Patients weight between 100-139 kg and CrCl GREATER than mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICA Starting S+1) For Patients weight 140 kg or GREATER and CrCl GREATER than mL/min 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. () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet		
contraindication(s): PACU & Post-op () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet () enoxaparin (LOVENOX) injection (Single Response) (4) Mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 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 mL/min 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): () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age < 75yrs) () warfarin (COUMADIN) tablet () warfarin (COUMADIN) tablet () warfarin (COUMADIN) tablet		
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet () warfarin (COUMADIN) tablet () enoxaparin (LOVENOX) single Response) () do mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than mL/min () 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) () Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than mL/min () 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) () for patients weight 140 kg or GREATER and CrCl GREATER than mL/min () 10 mg, subcutaneous, daily, Starting S+1, PACU & Post-op () heparin (porcine) injection () starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than mL/min () 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op () heparin (porcine) injection () starting S+1 For Patients weight 140 kg or GREATER than 9000, 1800 (TIME CRITICAL) () heparin (porcine) injection () starting S+1 For Patients weight 140 kg or GREATER than 9000, 1800 (TIME CRITICAL) () heparin (porcine) injection () hep	prophylaxis	
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe		
(Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S-1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than mL/min 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 medic Contraindicated in patients LESS than 50kg, prior to surgery/invasiv 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 (Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet () warfarin (COUMADIN) tablet	() analysis (I O)/ENOV) initiative (Oirela Dana	
() patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet 30 mg, subcutaneous, daily at 0600, 1800 (TIME CRITICA) Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICA) Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than mL/min 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) to NOT order this medical Contraindicated in patients LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU Post-op Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet 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 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL)		onse)
For Patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux		40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) i	() patients with CrCL LESS than 30 mL/min	
For Patients weight between 100-139 kg and CrCl GREATER thar mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () fondaparinux (ARI		30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER that mL/min 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 medic. Contraindicated in patients LESS than 50kg, prior to surgery/invasiv 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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 75ure in mL/min. 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op Recommended for patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU Post-op Fost-op Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet Oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:		For Patients weight between 100-139 kg and CrCl GREATER than 30
For Patients weight 140 kg or GREATER and CrCl GREATER that 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 medical 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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet For Patients weight 140 kg or GREATER and CrCl GREATER than CrCl GREATER T		40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
() 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 medica Contraindicated in patients LESS than 50kg, prior to surgery/invasiv procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op Indication:	OF OREATER than 30 HEATH	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medic: 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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet If the patient does not have a history or suspected case of Heparin this medic: Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU Post-op Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:	() for deposition (ADIVIDA) injection	
Heparin-Induced Thrombocytopenia (HIT) do NOT order this medical 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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet Heparin-Induced Thrombocytopenia (HIT) do NOT order this medical Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU Post-op Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet Oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:	() Tondapannux (ARIXTRA) injection	
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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PAC Post-op Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet Oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:		
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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PAC Post-op Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:		
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU Post-op Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet Oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:		
() 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) () warfarin (COUMADIN) tablet 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 LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet 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 LE than 50kg and age GREATER than 75yrs. () marfarin (COUMADIN) tablet 1,000 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 LE than 50kg and age GREATER than 75yrs. () marfarin (COUMADIN) tablet		
Post-op () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet Post-op Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet Oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:		Thrombocytopenia (HIT):
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PAC Post-op Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:	() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs) Recommended for patients with high risk of bleeding, e.g. weight LE than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:		5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
than 50kg and age GREATER than 75yrs. () warfarin (COUMADIN) tablet oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:		·
() warfarin (COUMADIN) tablet oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:	weight < 50kg and age > 75yrs)	
	() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op
() Pharmacy consult to manage wartarin STAT. Until discontinued. Starting S		
(COUMADIN) Indication:		STAT Until discontinued Starting S

Routine, Once

PACU & Post-op

Routine, Continuous, PACU & Post-op

No mechanical VTE prophylaxis due to the following contraindication(s):

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

() Contraindications exist for mechanical

() Place/Maintain sequential compression

prophylaxis

device continuous

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):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	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)
() Dharman and annuit to manage we forin	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Di // / / / / / / / / / / / / / / / / /	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	

Required)

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Responsional (Selection Required)	
() 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)	'
() 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 30 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:

[] Mechanical Prophylaxis (Single Response) (Selection 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
DV	T Ri	isk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
()		ient currently has an active order for therapeutic icoagulant 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
()	LO	W Risk of DVT (Selection Required)	17100 at octop
		v Risk Definition e less than 60 years and NO other VTE risk factor	ors
Ιi	[] L	Low Risk (Single Response) (Selection Required	
		Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
()	MO	DERATE Risk of DVT - Surgical (Selection Requ	
i	Pha con One CH strc Age Cer His Ant Les Est Mod Maj	atraindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflammations, rheumatologic disease, sickle cell disease, lee 60 and above intral line tory of DVT or family history of VTE icipated length of stay GREATER than 48 hours as than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) jor surgery within 3 months of admission Moderate Risk (Selection Required)	
	[]	Moderate risk of VTE	Routine, Once, PACU & Post-op
		Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required)	urgical
		Contraindications exist for pharmacologic proph BUT order Sequential compression device	nylaxis "And" Linked Panel
	[]		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 proph AND mechanical prophylaxis	nylaxis "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 Resp (Selection Required)	onse)
() 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.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() MODERATE Risk of DVT - Non-Surgical (Selection	n

Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Select	ion
Required)	
() Contraindications exist for pharmacologic prop	hylaxis - "And" Linked Panel
Order Sequential compression device	
Order Sequential compression device [] Contraindications exist for pharmacologic	Routine, Once
	Routine, Once No pharmacologic VTE prophylaxis due to the following
[] Contraindications exist for pharmacologic	·
[] Contraindications exist for pharmacologic	No pharmacologic VTE prophylaxis due to the following

() Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

"And" Linked Panel

] [Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	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
	F. eF. Merrin	contraindication(s):
		PACU & Post-op
()	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
	CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
-		mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
	CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	(mL/min
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
		If the patient does not have a history of or suspected case of
		Heparin-Induced Thrombocytopenia (HIT), do NOT order this
		medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced
		This patient has a history of of suspected case of heparin-induced Thrombocytopenia (HIT):
$\frac{1}{1}$	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
$\frac{\langle \cdot \rangle}{\langle \cdot \rangle}$	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
()	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), PACU & Post-op
	,	Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
<u>()</u> HI	GH Risk of DVT - Surgical (Selection Required)	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	ical Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	sponse)
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
	For Patients with CrCL LESS than 30 mL/min

() patients weight between 100-139 kg AND 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
() fondangrinux (ADIVTDA) injection	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
	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
() workerin (COLIMADINI) takint	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) (Sel 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 Requ	ired)

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-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	
() enoxaparin (LOVENOX) injection (Single Resp	onse)	
(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 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 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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours 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) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S 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
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

History of PE

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once, PACU & Post-op	
[] High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Respons (Selection Required)		
() 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	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1	
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1	
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.	

() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 3 mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or	Starting S+1
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 3
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 medicati
	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 LES
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
knee arthroplasty planned during this	To be Given on Post Op Day 1.
admission	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1
() Pharmacy consult to manage warfarin	Indication: STAT, Until discontinued, Starting S
() Pharmacy consult to manage warfarin (COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(
() 51 (14 : 4 : 4 : 4 : 4 : 4 : 4 : 4 : 4 : 4 :	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
abs	
bs Today	
Type and screen	Once, PACU & Post-op
Hemoglobin and hematocrit	Once
	In Recovery room., PACU & Post-op
CBC with platelet and differential	Once, PACU & Post-op
Partial thromboplastin time	Once, PACU & Post-op
Prothrombin time with INR	Once, PACU & Post-op
Basic metabolic panel	Once, PACU & Post-op
lonized calcium	Once, PACU & Post-op
Calcium level	Once, PACU & Post-op
Magnesium level	Once, PACU & Post-op
Phosphorus level	Once, PACU & Post-op

Office
In Recovery room., PACU & Post-op
Once, PACU & Post-op
Once, PACU & Post-op
Once, PACU & Post-op
Once, PACU & Post-op
Once, PACU & Post-op
Once, PACU & Post-op
Once, PACU & Post-op
Once, PACU & Post-op
Once, PACU & Post-op
Once
Specimen Source: Urine
Specimen Site:
PACU & Post-op

Hemoglobin and hematocrit

Basic metabolic panel

[] Ionized calcium

Calcium level

[] Parathyroid hormone

CBC with platelet and differential

AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op

AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op

AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op

AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op

AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op

AM draw, Starting S+1 For 1 Occurrences, PACU & Post-op

Labs Every 8 Hours x 3 post PACU	
[] Ionized calcium	Every 8 hours For 3 Occurrences, PACU & Post-op
[] Calcium level	Every 8 hours For 3 Occurrences, PACU & Post-op
Cardiology	
Imaging	
Diagnostic MRI/MRA	
[] MRI Brain Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
[] MRI Brain W Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
СТ	
[] CT Soft Tissue Neck W Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
[] CT Soft Tissue Neck Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
[] CT Sinus Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
[] CT Head W Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
[] CT Head Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
[] CT Temporal Bone Wo Contrast	Routine, 1 time imaging For 1 , PACU & Post-op
X-ray	
[] Chest 1 Vw Portable in AM	Routine, 1 time imaging, Starting S+1 For 1, PACU & Post-op
[] Chest 1 Vw	Routine, 1 time imaging For 1 , PACU & Post-op
[] Chest 2 Vw	Routine, 1 time imaging For 1 , PACU & Post-op
[] Kub Kidney Ureter Bladder	Routine, 1 time imaging For 1
	For feeding tube location., PACU & Post-op
Other Studies	
Respiratory	
Respiratory	
[] Oxygen therapy - Simple face mask	Routine, Continuous
	Device: Face Tent
	O2 %:
	Titrate to keep O2 Sat Above: 92%
	Indications for O2 therapy:
	Device 2:
	Device 3:
II. Our was the season. Track called	30% Humidified O2, PACU & Post-op
[] Oxygen therapy - Trach collar	Routine, Continuous Device: Trach Collar

- 1		
- 1		
- 1		
- 1		
- 1		
- 1		
- 1		

[] Suctioning Routine, Every 2 hours Route:

Waking hours only., PACU & Post-op

Titrate to keep O2 Sat Above: 92%

Indications for O2 therapy:

Device: Trach Collar

PACU & Post-op

O2 %: Device 2: Device 3:

Routine, Every hour while awake [] Incentive spirometry

Encourage patient to use for 10 breaths a session once each hour, while awake. Goal is 2,000 mL., PACU & Post-op

Rehab

Consults

For Physician Consult orders use sidebar

Consult to Case Management	Consult Reason:
	Post-op
] Consult to Social Work	Reason for Consult:
	Post-op
] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
Onsult PT wound care	Special Instructions:
	Location of Wound?
	Post-op
] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Post-op
1 Consult to Nutrition Services	Reason For Consult?
] Consult to Nutrition Services	Purpose/Topic: Post-op
Consult to Spiritual Care	Reason for consult?
	Post-op
] Consult to Speech Language Pathology	Routine, Once Reason for consult: Post-op
Description of the control of the co	Reason for consult:
	Consult for NPWT:
	Reason for consult:
	Post-op
] Consult to Respiratory Therapy	Reason for Consult? Post-op