Lower Extremity Limb Salvage [4524]

General	
Common Present on Admission Diagnosis	
[] Acidosis	Details
Acute Post-Hemorrhagic Anemia	Details
Acute Renal Failure	Details
Acute Respiratory Failure	Details
Acute Thromboembolism of Deep Veins of Lower	Details
Extremities	Details
[] Anemia	Details
[] Bacteremia	Details
[] Bipolar disorder, unspecified	Details
[] Cardiac Arrest	Details
[] Cardiac Dysrhythmia	Details
[] Cardiogenic Shock	Details
[] Decubitus Ulcer	Details
[] Dementia in Conditions Classified Elsewhere	Details
[] Disorder of Liver	Details
[] Electrolyte and Fluid Disorder	Details
Ntestinal Infection due to Clostridium Difficile	Details
Methicillin Resistant Staphylococcus Aureus Infection	Details
Obstructive Chronic Bronchitis with Exacerbation	Details
Other Alteration of Consciousness	Details
Other and Unspecified Coagulation Defects	Details
Other Pulmonary Embolism and Infarction	Details
Phlebitis and Thrombophlebitis	Details
Protein-calorie Malnutrition	Details
Psychosis, unspecified psychosis type	Details
Schizophrenia Disorder	Details
[] Sepsis	Details
Septic Shock	Details
[] Septicemia	Details
Type II or Unspecified Type Diabetes Mellitus with	Details
Mention of Complication, Not Stated as Uncontrolled	Details
Drinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selection	Required)
() Admit to Inpatient	Diagnosis:
() Autilit 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
	services for two or more midnights.
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
1	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
() Calpation in a boar of tollade lood tolly	Admitting Physician:
	Bed request comments:
	'
Admission or Observation (Single Response) Patient has active status order on file	

() Admit to Inpatient	Diagnosis:
() Marine to inputione	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
Supervision	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:
	'
Admission (Single Response)	
Patient has active status order on file.	
i attent has active status order on life.	
() 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.
	G
Code Status	
[] Full code	Code Status decision reached by:
[] Full code [] DNR (Selection Required)	Code Status decision reached by:
DNR (Selection Required)	·
DNR (Selection Required) DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
DNR (Selection Required)	Does patient have decision-making capacity? Priority:
DNR (Selection Required) DNR (Do Not Resuscitate)	Does patient have decision-making capacity? Priority: Reason for Consult?
DNR (Selection Required) DNR (Do Not Resuscitate)	Does patient have decision-making capacity? Priority: Reason for Consult? Order?
DNR (Selection Required) DNR (Do Not Resuscitate)	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider:
DNR (Selection Required) [] DNR (Do Not Resuscitate) [] Consult to Palliative Care Service	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
DNR (Selection Required) DNR (Do Not Resuscitate)	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider:
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DNR (Selection Required) DNR (Do Not Resuscitate) Consult to Palliative Care Service Consult to Social Work Modified Code	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions:
DNR (Selection Required)	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions: Treatment Restriction decision reached by:
DNR (Selection Required) DNR (Do Not Resuscitate) Consult to Palliative Care Service Consult to Social Work Modified Code	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions:
DNR (Selection Required) [] DNR (Do Not Resuscitate) [] Consult to Palliative Care Service [] Consult to Social Work [] Modified Code [] Treatment Restrictions	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions: Treatment Restriction decision reached by:
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DNR (Selection Required) DNR (Do Not Resuscitate) Consult to Palliative Care Service Consult to Social Work Modified Code Treatment Restrictions Isolation Airborne isolation status Airborne isolation status	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions: Treatment Restriction decision reached by: Specify Treatment Restrictions:
DNR (Selection Required) DNR (Do Not Resuscitate) Consult to Palliative Care Service Consult to Social Work Modified Code Treatment Restrictions Isolation Airborne isolation status Airborne isolation status Mycobacterium tuberculosis by PCR - If you	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions: Treatment Restriction decision reached by: Specify Treatment Restrictions:
[] DNR (Selection Required) [] DNR (Do Not Resuscitate) [] Consult to Palliative Care Service [] Consult to Social Work [] Modified Code [] Treatment Restrictions Solation Airborne isolation status Airborne isolation status Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions: Treatment Restriction decision reached by: Specify Treatment Restrictions:
[] DNR (Selection Required) [] DNR (Do Not Resuscitate) [] Consult to Palliative Care Service [] Consult to Social Work [] Modified Code [] Treatment Restrictions Solation Airborne isolation status Airborne isolation status Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions: Treatment Restriction decision reached by: Specify Treatment Restrictions:
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DNR (Selection Required) DNR (Do Not Resuscitate) Consult to Palliative Care Service Consult to Social Work Modified Code Treatment Restrictions Isolation Airborne isolation status Airborne isolation status Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Contact isolation status Contact isolation status Droplet isolation status	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions: Treatment Restriction decision reached by: Specify Treatment Restrictions: Details Once, Sputum Details Details Details
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DNR (Selection Required) DNR (Do Not Resuscitate) Consult to Palliative Care Service Consult to Social Work Modified Code Treatment Restrictions Isolation Airborne isolation status Airborne isolation status Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Contact isolation status Contact isolation status Tenteric isolation status Enteric isolation status	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions: Treatment Restriction decision reached by: Specify Treatment Restrictions: Details Once, Sputum Details Details Details Details
DNR (Selection Required) DNR (Do Not Resuscitate) Consult to Palliative Care Service Consult to Social Work Modified Code Treatment Restrictions Isolation Airborne isolation status Airborne isolation status Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Contact isolation status Contact isolation status Tenteric isolation status Enteric isolation status Precautions Aspiration precautions	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions: Treatment Restriction decision reached by: Specify Treatment Restrictions: Details Once, Sputum Details Details Details Details Details
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DNR (Selection Required) DNR (Do Not Resuscitate) Consult to Palliative Care Service Consult to Social Work Modified Code Treatment Restrictions Isolation Airborne isolation status Airborne isolation status Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. Contact isolation status Contact isolation status Tenteric isolation status Enteric isolation status Precautions Aspiration precautions	Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Does patient have decision-making capacity? Modified Code restrictions: Treatment Restriction decision reached by: Specify Treatment Restrictions: Details Once, Sputum Details Details Details Details Details Increased observation level needed:

Case request	
[] Case request operating room	Details
Nursing	
Nursing	
Complete consent for	Routine, Once For 1 Occurrences
[] Complete consent for	Procedure:
	Diagnosis/Condition:
	Physician:
	Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist
	Medical/Surgical Consent forms) were discussed with
	patient/surrogate?
[] Tobacco cessation education	Routine, Once
[] Nursing communication	Routine, Once For 1 Occurrences
[] Vital signs - T/P/R/BP	Routine, Per unit protocol
Diet	
[X] NPO	Diet effective now, Starting S
	NPO: Except meds
	Pre-Operative fasting options:
IV Fluids	
Medications	
Pre-Op Antibiotics (Single Response)	
() cefTRIAXone (ROCEPHIN) IV and vancomycin I	
[] cefTRIAxone (ROCEPHIN) IV	2 g, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
[] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op
() For Denicillin Allergy, extraonem IV and appear	Reason for Therapy:
() For Penicillin Allergy - aztreonam IV and vancom [] aztreonam (AZACTAM) IV	2 g, intravenous, once, For 1 Doses, Pre-op
[] aztreonam (AZACTAM) IV	Reason for Therapy: Surgical Prophylaxis
[] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op
	Reason for Therapy:
General Pain Management (Single Response)	
() Opioid TOLERANT Patients	
[] Pain Medications For Patients LESS than 65	years old
[] PRN Mild Pain (Pain Score 1-3) (Single Res	• • •
() ibuprofen (MOTRIN) tablet OR oral suspen	
Not recommended for patients with eGFR t	LESS than 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.
[] 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.
() naproxen (NAPROSYN) tablet	250 mg, oral, every 8 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min.
() acetaminophen-codeine (TYLENOL #3) tak solution	
	er day from all sources. (Cirrhosis patients maximum: 2 grams per day from a
[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources.
355 55g po. tasiot	(Cirrhosis patients maximum: 2 grams per day from all sources). Give

[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, mild pain (score 1-3) 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 (NORO OR elixir	
Maximum of 3 grams of acetaminophen per o sources)	lay 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, mild pain (score 1-3)
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, mild pain (score 1-3)
() HYDROcodone-acetaminophen 7.5/325 (NO OR elixir (Single Response)	<u> </u>
() HYDROcodone-acetaminophen (NORCO) 7.5-325 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	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
() HYDROcodone-acetaminophen 10/325 (NOF OR elixir	,
Maximum of 3 grams of acetaminophen per o sources)	lay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) 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) 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.
[] PRN Moderate Pain (Pain Score 4-6) - Oral (S Response)	·
() hydromorPHONE (DILAUDID) tablet	4 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() morPHINE immediate-release tablet	15 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
() oxyCODone (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
[] PRN Moderate Pain (Pain Score 4-6) - IV (Sing Response)	gle
() fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
() morPHINE injection	4 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() hydromorPHONE (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() ketorolac (TORADOL) IV (Single Response)	a 20 ml /min AND/OD metionted LECC them 47 years of any
	n 30 mL/min AND/OR patients LESS than 17 years of age. ent of perioperative pain OR in the setting of coronary artery bypass graft
() For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
 For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection 	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
[] PRN Severe Pain (Pain Score 7-10) - Oral (Sir Response)	ngle
() hydromorPHONE (DILAUDID) tablet	4 mg, oral, every 4 hours PRN, severe pain (score 7-10)
() morPHINE immediate-release tablet	15 mg, oral, every 4 hours PRN, severe pain (score 7-10)

() oxyCODONE (ROXICODONE) immediate	10 mg, oral, every 4 hours PRN, severe pain (score 7-10)
release tablet	10 mg, oral, every 4 mours FRN, severe pain (score 7-10)
PRN Severe Pain (Pain Score 7-10) - IV (Single Response)	9
() fentaNYL (SUBLIMAZE) injection	75 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() morPHINE injection	4 mg, intravenous, every 2 hour PRN, severe pain (score 7-10)
() hydromorPHONE (DILAUDID) injection	1 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
[] Pain Medications For Patients GREATER than of	or equal
to 65 years old [] PRN Mild Pain (Pain Score 1-3) (Single Respo	ncol
() acetaminophen-codeine (TYLENOL #3) table:	
solution	or circulation
Maximum of 3 grams of acetaminophen per d sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen-codeine (TYLENOL #3)	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3)
300-30 mg per tablet	Maximum of 3 grams of acetaminophen per day from all sources.
31	(Cirrhosis patients maximum: 2 grams per day from all sources). Give
	if patient is able to tolerate oral medication.
[] acetaminophen-codeine 300 mg-30 mg	12.5 mL, oral, every 6 hours PRN, mild pain (score 1-3)
/12.5 mL solution	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
() HYDROcodone-acetaminophen 5/325 (NORC	•
OR elixir	
Maximum of 3 grams of acetaminophen per d sources)	ay 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, mild pain (score 1-3)
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, mild pain (score 1-3)
() traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, mild pain (score 1-3) If eGFR LESS than 30 mL/min: change frequency to every 12 hours and max daily dose not to exceed 200 mg/day
() oxyCODone (ROXICODONE) 5 mg/5 mL solution	2.5 mg, oral, every 6 hours PRN, mild pain (score 1-3)
[] PRN Moderate Pain (Pain Score 4-6) - Oral (Si	ngle
Response)	4 tablet and avery Chaving DDN madenate main (a cons.4.6)
() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
() HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
hydromorPHONE (DILAUDID) tablet morPHINE immediate-release tablet	2 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() oxyCODone (ROXICODONE) immediate	15 mg, oral, every 6 hours PRN, moderate pain (score 4-6) 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
release tablet	3 mg, oral, every o hours i MN, moderate pain (score 4-0)
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
	If eGFR LESS than 30 mL/min: change frequency to every 12 hours
	and max daily dose not to exceed 200 mg/day
[] PRN Moderate Pain (Pain Score 4-6) - IV (Sing	lle
Response) () fentaNYL (SUBLIMAZE) injection	25 mag intravenous eveny 2 hour DPN moderate pain (score 4.6)
() morPHINE injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
PRN Severe Pain (Pain Score 7-10) - Oral (Sin	
Response)	∪ -
() hydromorPHONE (DILAUDID) tablet	4 mg, oral, every 4 hours PRN, severe pain (score 7-10)
() morPHINE immediate-release tablet	15 mg, oral, every 4 hours PRN, severe pain (score 7-10)
() oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 4 hours PRN, severe pain (score 7-10)

PRN Severe Pain (Pain Score 7-10) - IV (Sing	şle
Response)	,
() fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() morPHINE injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() hydromorPHONE (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
[] Adjunct Medications (Single Response)	
() ibuprofen (MOTRIN) tablet OR oral suspension	
Not recommended for patients with eGFR LES	SS than 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	250 mg, oral, every 8 hours PRN, mild pain (score 1-3)
() keTOROlac (TORadol) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
[] Muscle Relaxers (Single Response)	500 L 01 BBN
() methocarbamoL (ROBAXIN) tablet	500 mg, oral, every 6 hours PRN, muscle spasms
() cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily PRN, muscle spasms
() tiZANidine (ZANAFLEX) tablet	2 mg, oral, every 8 hours PRN, muscle spasms
[] Respiratory Depression or Somnolence	
[] naloxone (NARCAN) 0.4 mg/mL injection	0.2 mg, intravenous, PRN, respiratory depression
	As needed for respiratory rate 8 per minute or less OR patient somnolent
	and difficult to arouse (POSS GREATER than 3). Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is
	needed, please call the ordering physician and/or CERT team. Monitor
	vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
[] Itching (Single Response)	wital signs (palse eximitity, 1714b)) every 10 minutes for 5 times.
() diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching
() hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
() fexofenadine (ALLEGRA) tablet	60 mg, oral, 2 times daily PRN, itching
	For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed
[] Antiemetics	1100000
[] ondansetron (ZOFRAN) Oral or IV	"Or" Linked Panel
[] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting
disintegrating tablet	Give if patient is able to tolerate oral medication.
[] ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
	Give if patient is UNable to tolerate oral medication OR if a faster onset
	of action is required.
[] promethazine (PHENERGAN) Oral, Rectal, or	
[] 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 rectal or oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Give if
[] [ondansetron (ZOFRAN) is ineffective and patient is able to tolerate
	rectal or oral medication.
[] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Give if
	ondansetron (ZOFRAN) is ineffective and patient is unable to tolerate
II Devel Device E. D. C. 1 1500 C.	oral or rectal medication or if faster action is required
Bowel Regimen: For Patients LESS than 65 ye	
[] sennosides-docusate sodium	1 tablet, oral, 2 times daily
(SENOKOT-S) 8.6-50 mg per tablet	Hold for diarrhea
[] bisacodyL (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, if with persistent constipation
[] Bowel Regimen: For Patients GREATER than old	oo years
[] polyethylene glycol (MIRALAX) packet 17	17 g, oral, daily PRN, constipation, if with persistent constipation
gram	

[] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily Hold for diarrhea
[] bisacodyL (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, if with persistent constipation
[] For Constipation still unrelieved: naloxegol (MO	
(Single Response)	mL/min or not tolerated, reduce dose to 12.5 mg once daily before
breakfast on an empty stomach.	midmin of not tolerated, reduce dose to 12.3 mg once daily belore
Avoid use in patient with severe hepatic impairm	nent (Child-Pugh Class C)
() naloxegol (MOVANTIK) tablet 25 mg	25 mg, oral, daily before breakfast
() naloxegoL (MOVANTIK) tablet 12.5 mg - For eGFR LESS than 60 mL/min	12.5 mg, oral, daily before breakfast
() Opioid NAIVE Patients	
[] Pain Medications For Patients LESS than 65 year	
[] PRN Mild Pain (Pain Score 1-3) (Single Respo	· · · · · · · · · · · · · · · · · · ·
() acetaminophen (TYLENOL) tablet OR oral su	spension "Or" Linked Panel lay from all sources. (Cirrhosis patients maximum: 2 grams per day from al
sources)	iay nom an sources. (Cimiosis patients maximum, 2 grams per day nom ar
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
, ,	Maximum of 3 grams of acetaminophen per day from all sources.
	Give the tablet if the patient can tolerate oral medication. (Cirrhosis
[] costominanton (TVI ENOL) sugnancian	patients maximum: 2 grams per day from all sources)
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) 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 suspension	·
Not recommended for patients with eGFR LE	
[] 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
[] ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL	acute kidney injury. Give if patient is able to tolerate oral medication. 600 mg, oral, every 6 hours PRN, mild pain (score 1-3)
suspension	Not recommended for patients with eGFR LESS than 30 mL/min or
Suspension	acute kidney injury. Use if patient cannot swallow tablet.
() naproxen (NAPROSYN) tablet	250 mg, oral, every 8 hours PRN, mild pain (score 1-3)
	Not recommended for patients with eGFR LESS than 30 mL/min.
[] PRN Moderate Pain (Pain Score 4-6) - Oral (Si	ingle
Response)	
() acetaminophen-codeine (TYLENOL #3) table solution	t OR oral "Or" Linked Panel
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
sources)	
[] acetaminophen-codeine (TYLENOL #3)	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
300-30 mg per tablet	Maximum of 3 grams of acetaminophen per day from all sources.
•	(Cirrhosis patients maximum: 2 grams per day from all sources). Give
	if patient is able to tolerate oral medication.
[] acetaminophen-codeine 300 mg-30 mg	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
/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)
() HYDROcodone-acetaminophen (NORCO) 5	Use if patient cannot swallow tablet. //325 "Or" Linked Panel
tablet OR elixir	or Ellinear and
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from al
sources)	
[] HYDROcodone-acetaminophen (NORCO)	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
5-325 mg per tablet	
[] HYDROcodone-acetaminophen (HYCET)	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)

() HYDROcodone-acetaminophen (NORCO) 7.5 OR elixir (Single Response)	5-325 tablet
() HYDROcodone-acetaminophen (NORCO) 7.5-325 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	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
() HYDROcodone-acetaminophen 10/325 (NOR) OR elixir	CO) tablet "Or" Linked Panel
Maximum of 3 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) 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) 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	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) For eGFR LESS than 30 mL/min, change frequency to every 12 hours
[] PRN Moderate Pain (Pain Score 4-6) - IV (Sing Response)	le
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
() morPHINE injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
hydromorPHONE (DILAUDID) injection ketorolac (TORADOL) IV (Single Response)	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
WARNING: Use is contraindicated for treatme (CABG) surgery.	n 30 mL/min AND/OR patients LESS than 17 years of age. ent of perioperative pain OR in the setting of coronary artery bypass graft
 For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection 	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
() For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
[] PRN Severe Pain (Pain Score 7-10) - Oral (Sing Response)	
() hydromorPHONE (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
morPHINE immediate-release tablet oxyCODONE (ROXICODONE) immediate release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) 10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
PRN Severe Pain (Pain Score 7-10) - IV (Single Response)	
() fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() morPHINE injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() hydromorPHONE (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
[] Pain Medications For Patients GREATER than 6 old	5 years
[] PRN Mild Pain (Pain Score 1-3) (Single Respor	nse)
() acetaminophen (TYLENOL) tablet OR oral sus	
Maximum of 3 grams of acetaminophen per da sources)	ay from 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) 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)

	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). U if patient cannot tolerate oral tablet.
() ibuprofen (MOTRIN) tablet OR oral suspension	
Not recommended for patients with eGFR LES	SS than 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	250 mg, oral, every 8 hours PRN, mild pain (score 1-3) Not recommended for patients with eGFR LESS than 30 mL/min.
[] PRN Moderate Pain (Pain Score 4-6) - Oral (Sir Response)	
() acetaminophen-codeine (TYLENOL #3) tablet solution	
Maximum of 3 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day fror
[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Gi 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) 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 (NORCO) 5/ tablet OR elixir	325 "Or" Linked Panel
sources) [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from 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	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
PRN Moderate Pain (Pain Score 4-6) - IV (Single Response)	For eGFR LESS than 30 mL/min, change frequency to every 12 hour le
Response) () fentaNYL (SUBLIMAZE) injection	For eGFR LESS than 30 mL/min, change frequency to every 12 hour e 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection	For eGFR LESS than 30 mL/min, change frequency to every 12 hour e 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection () hydromorPHONE (DILAUDID) injection	For eGFR LESS than 30 mL/min, change frequency to every 12 hour le 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection () hydromorPHONE (DILAUDID) injection () keTOROlac (TORadol) injection	For eGFR LESS than 30 mL/min, change frequency to every 12 hourle 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection () hydromorPHONE (DILAUDID) injection () keTOROlac (TORadol) injection [] PRN Severe Pain (Pain Score 7-10) - Oral (Sing	For eGFR LESS than 30 mL/min, change frequency to every 12 hourle 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection () hydromorPHONE (DILAUDID) injection () keTOROlac (TORadol) injection	For eGFR LESS than 30 mL/min, change frequency to every 12 hour le 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection () hydromorPHONE (DILAUDID) injection () keTOROlac (TORadol) injection [] PRN Severe Pain (Pain Score 7-10) - Oral (Sing Response) () HYDROcodone-acetaminophen (NORCO)	For eGFR LESS than 30 mL/min, change frequency to every 12 hour e 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) gle 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection () hydromorPHONE (DILAUDID) injection () keTOROlac (TORadol) injection [] PRN Severe Pain (Pain Score 7-10) - Oral (Sing Response) () HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet () HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet () hydromorPHONE (DILAUDID) tablet	For eGFR LESS than 30 mL/min, change frequency to every 12 hour e 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) gle 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection () hydromorPHONE (DILAUDID) injection () keTOROlac (TORadol) injection [] PRN Severe Pain (Pain Score 7-10) - Oral (Sing Response) () HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet () HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet () hydromorPHONE (DILAUDID) tablet () morPHINE immediate-release tablet () oxyCODONE (ROXICODONE) immediate	For eGFR LESS than 30 mL/min, change frequency to every 12 hour e 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) gle 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection () hydromorPHONE (DILAUDID) injection () keTOROlac (TORadol) injection [] PRN Severe Pain (Pain Score 7-10) - Oral (Sing Response) () HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet () HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet () hydromorPHONE (DILAUDID) tablet () morPHINE immediate-release tablet () oxyCODONE (ROXICODONE) immediate release tablet [] PRN Severe Pain (Pain Score 7-10) - IV (Single	For eGFR LESS than 30 mL/min, change frequency to every 12 hour le 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) gle 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) 15 mg, oral, every 6 hours PRN, severe pain (score 7-10) 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection () hydromorPHONE (DILAUDID) injection () keTOROlac (TORadol) injection [] PRN Severe Pain (Pain Score 7-10) - Oral (Sing Response) () HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet () HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet () hydromorPHONE (DILAUDID) tablet () morPHINE immediate-release tablet () oxyCODONE (ROXICODONE) immediate release tablet [] PRN Severe Pain (Pain Score 7-10) - IV (Single Response)	For eGFR LESS than 30 mL/min, change frequency to every 12 hour e 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) gle 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) 15 mg, oral, every 6 hours PRN, severe pain (score 7-10) 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection () hydromorPHONE (DILAUDID) injection () keTOROlac (TORadol) injection [] PRN Severe Pain (Pain Score 7-10) - Oral (Sing Response) () HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet () HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet () hydromorPHONE (DILAUDID) tablet () morPHINE immediate-release tablet () oxyCODONE (ROXICODONE) immediate release tablet [] PRN Severe Pain (Pain Score 7-10) - IV (Single	For eGFR LESS than 30 mL/min, change frequency to every 12 hour le 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) gle 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) 15 mg, oral, every 6 hours PRN, severe pain (score 7-10) 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Response) () fentaNYL (SUBLIMAZE) injection () morPHINE injection () hydromorPHONE (DILAUDID) injection () keTOROlac (TORadol) injection [] PRN Severe Pain (Pain Score 7-10) - Oral (Sing Response) () HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet () HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet () hydromorPHONE (DILAUDID) tablet () morPHINE immediate-release tablet () oxyCODONE (ROXICODONE) immediate release tablet [] PRN Severe Pain (Pain Score 7-10) - IV (Single Response) () fentaNYL (SUBLIMAZE) injection	For eGFR LESS than 30 mL/min, change frequency to every 12 hou e 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) gle 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) 5 mg, oral, every 6 hours PRN, severe pain (score 7-10) 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)

[] Scheduled Pain Medications (Single Response)	
Consider scheduled options if pain source is pre	esent and patient unable to reliably communicate needs. Monitor closely for
response.	
() Mild Pain (Pain Score 1-3)	500 mg, oral
() Moderate Pain (Pain Score 4-6) (Single Response	,
() HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours scheduled
() HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours scheduled
() traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours scheduled
	If eGFR is LESS than 30 mL/min: change frequency to every 12 hours
	and max daily dose not to exceed 200 mg/day.
() Severe Pain (Pain Score 7-10) (Single Respor	nse)
() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours scheduled
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours scheduled
[] Muscle Relaxers (Single Response)	
() methocarbamoL (ROBAXIN) tablet	500 mg, oral, every 6 hours PRN, muscle spasms
() cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily PRN, muscle spasms
() tiZANidine (ZANAFLEX) tablet	2 mg, oral, every 8 hours PRN, muscle spasms
[] Respiratory Depression or Somnolence	<u> </u>
[] naloxone (NARCAN) 0.4 mg/mL injection	0.2 mg, intravenous, PRN, respiratory depression
	As needed for respiratory rate 8 per minute or less OR patient somnolent
	and difficult to arouse (POSS GREATER than 3). Repeat Naloxone 0.2
	mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is
	needed, please call the ordering physician and/or CERT team. Monitor
	vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
[] Itching (Single Response)	
() diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching
() hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching
() cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
() fexofenadine (ALLEGRA) tablet	60 mg, oral, 2 times daily PRN, itching
	For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed
[] Antiemetics	nocucu
[] ondansetron (ZOFRAN) Oral or IV	"Or" Linked Panel
[] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting
disintegrating tablet	Give if patient is able to tolerate oral medication.
[] ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
[1 55	Give if patient is UNable to tolerate oral medication OR if a faster onset
	of action is required.
[] promethazine (PHENERGAN) Oral, Rectal, or	·
[] 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
	rectal or oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Give if
	ondansetron (ZOFRAN) is ineffective and patient is able to tolerate
	rectal or oral medication.
[] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Give if
	ondansetron (ZOFRAN) is ineffective and patient is unable to tolerate
	oral or rectal medication or if faster action is required
[] Bowel Regimen: For Patients LESS than 65 year	
[] sennosides-docusate sodium	1 tablet, oral, 2 times daily
(SENOKOT-S) 8.6-50 mg per tablet	Hold for diarrhea
[] bisacodyL (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, if with persistent constipation
[] Bowel Regimen: For Patients GREATER than 6 old	·
[] polyethylene glycol (MIRALAX) packet 17 gram	17 g, oral, daily PRN, constipation, if with persistent constipation

[] sennosides-docusate sodium	1 tablet, oral, 2 times daily
(SENOKOT-S) 8.6-50 mg per tablet	Hold for diarrhea
[] bisacodyL (DULCOLAX) suppository [] For Constipation still unrelieved: naloxegol (MC	10 mg, rectal, daily PRN, constipation, if with persistent constipation
(Single Response)	5 V7 ((4 First)
	0 mL/min or not tolerated, reduce dose to 12.5 mg once daily before
breakfast on an empty stomach.	
Avoid use in patient with severe hepatic impair	ment (Child-Pugh Class C)
() naloxegol (MOVANTIK) tablet 25 mg	25 mg, oral, daily before breakfast
() naloxegoL (MOVANTIK) tablet 12.5 mg -	12.5 mg, oral, daily before breakfast
For eGFR LESS than 60 mL/min	
l aba	
Labs	
Labs	
[] Albumin level	Once For 1 Occurrences, Pre-Procedure
[] Prealbumin level	Once For 1 Occurrences
[] Transferrin level	Once
[] Hemoglobin A1c	Once For 1 Occurrences
[] LDL cholesterol, direct	Once For 1 Occurrences
[] Lactic acid level	Once For 1 Occurrences
[] CBC with platelet and differential	Once For 1 Occurrences
[] Prealbumin level	Once For 1 Occurrences
[] Sedimentation rate	Once
[] C-reactive protein	Once For 1 Occurrences
Urinalysis, automated with microscopy	Once For 1 Occurrences
[] Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood
	Collect before antibiotics given. Blood cultures should be ordered x2, with
	each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line
	should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood
[] Block Culture (Morobio & Milderobio)	Collect before antibiotics given. Blood cultures should be ordered x2, with
	each set drawn from a different peripheral site. If unable to draw both
	sets from a peripheral site, please call the lab for assistance; an IV line
	should NEVER be used.
Aerobic culture	Once For 1 Occurrences
[] Anaerobic culture	Once For 1 Occurrences
Type and screen	Once For 1 Occurrences
Prothrombin time with INR	Once For 1 Occurrences
Partial thromboplastin time, activated	Once For 1 Occurrences
Candialagy	
Cardiology	
ECG	
[] ECG 12 lead	Routine, STAT For 1 Occurrences
	Clinical Indications: Pre-Op Clearance
	Interpreting Physician:
Imaging	
Imaging Physiologic (ABI, Duplex) (If no vascular intervention	on and no studies in last 3 months)
i iny siciogic (1751, Duplex) (ii no vasculai interventit	on and no studies in last 5 months
Us duplex arterial lower extremity	Routine, 1 time imaging For 1 Occurrences
Pv physiologic arterial lower extremity limited	Routine, 1 time imaging For 1 Occurrences
[] Us ankle brachial index	Routine, 1 time imaging For 1 Occurrences
Foot x-ray	

Foot x-ray

[] XR Foot 1Vw Right	Routine, 1 time imaging For 1 Occurrences
[] XR Foot 1Vw Left	Routine, 1 time imaging For 1 Occurrences
[] XR Foot 2 Vw Left	Routine, 1 time imaging For 1 Occurrences
[] XR Foot 2 Vw Right	Routine, 1 time imaging For 1 Occurrences
[] XR Foot 2 Vw Bilateral	Routine, 1 time imaging For 1 Occurrences
[] XR Foot 3+ Vw Left	Routine, 1 time imaging For 1 Occurrences
[] XR Foot 3+ Vw Right	Routine, 1 time imaging For 1 Occurrences
[] XR Foot 3 Vw Bilateral	Routine, 1 time imaging For 1 Occurrences
MRI of the foot	
[] MRI Foot Wo Contrast Left	Routine, 1 time imaging For 1 Occurrences
[] MRI Foot Wo Contrast Right	Routine, 1 time imaging For 1
Consults	
Physician consults	
[] Consult Vascular Surgery	Reason for Consult?
j	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Orthopedic Surgery	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Podiatry	Reason for Consult?
	Patient/Clinical information communicated?
I. Conquit Dain Management	Patient/clinical information communicated? Reason for Consult?
[] Consult Pain Management	Area of body with pain:
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Infectious Diseases	Reason for Consult?
[1] Contain wheelings Discusse	Patient/Clinical information communicated?
	Patient/clinical information communicated?
[] Consult Endocrinology DOL	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
	Endocrinology if A1C>8
[] Consult Hospitalist Medicine	Reason for Consult?
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
Ancillary consults	
[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
	Nutrition if prealb<12 or 18 <bmi>30</bmi>
[] Consult to 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):
[1] Consult to Coop Management	Weight Bearing Status:
[] Consult to Case Management	Consult Reason:
[] Consult to Wound Ostomy Care Nurse	Reason for consult: Reason for consult:
	Reason for consult:
	Reason for consult:
	Consult for NPWT:
	Reason for consult: